MONTANA STATE PLAN

For

Mental Retardation Facilities Construction

1969 - 1970 REVISION

Division of Hospital and Medical Facilities
Montana State Department of Health
Helena, Montana

Montana-1969

M O N T A N A S T A T E P L A N

FOR

MENTAL RETARDATION FACILITIES CONSTRUCTION

1969-1970 Revision

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The 88th Congress in 1963, enacted the Mental Retardation Facilities Construction Act (Public Law 88-164) in recognition of the nation's inadequate facilities for care, treatment, and prevention of mental retardation. Regulations for grants to states for construction provide for an inventory of existing facilities and services and for the preparation of an overall building plan based on an order of relative need within the State and the regional areas of the State.

The Montana State Department of Health has been designated by the Governor as the Agency with the State of Montana to implement the various provisions of this legislation. The major functions of the Agency under this legislation include the development of a State Plan for the construction of facilities for the mentally retarded and the subsequent allocation of funds as matching grants on a formula basis and in accord with priorities established in the State Plan.

Information for this Plan has been obtained in cooperation with the Montana Association for Retarded Children and Adults, Department of Public Instruction, Department of Welfare, Department of Public Institutions, Montana Mental Health Planning, Montana Medical Association, Division of Vocational Rehabilitation, Unemployment Compensation Commission, and others. There has been close coordination in the development of this plan with the Mental Retardation Planning Program of the State Department of Health, which supplied the information and data for completion of the various tables contained in this Plan.

The State Plan for Mental Retardation Facilities Construction provides for, and promotes, the concept of community planning. It also retains the concept that any and all facilities constructed under this Plan will be available, with regard to placement, to all the citizens of the State without regard to race, creed, color , or national origin. Further, it retains the concepts that no qualified professional person will be denied staff privileges nor will employees be discriminated against because of race, creed, color, or national origin.

Annual allotments of Federal funds, in the amount of $100,000 have been made available to Montana for the construction of facilities for the mentally retarded for each of the Fiscal Years 1969 and 1970. These funds may be utilized for construction projects following the approval of this Plan by the Surgeon General of the U. S. Public Health Service.

Department of Health, Education, and Welfare
Public Health Service
Washington, D. C.

STATE PLAN FOR CONSTRUCTION OF FACILITIES FOR THE MENTALLY RETARDED

1. The State Agency and the Administrative Unit responsible for administering the Plan is:

   Montana State Department of Health
   Division of Hospital and Medical Facilities
   Room 200, Cogswell Building
   Helena, Montana 59601

2. The Method of Administration included in the State Plan reflects accurately the proposed administering of the State Plan.

3. To the best of our knowledge and belief, the attached statements, maps, tables, and statistics are true and correct and are in substantial accord with policies and guidelines developed in this State's comprehensive mental retardation plan.

John S. Anderson

John S. Anderson, M.D.
Executive Officer
Montana State Department of Health

CHAPTER I

DESIGNATION AND AUTHORITY OF STATE AGENCY

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The enactment by the Montana Legislature of Chapters 269 and 270 of the 1947 Session Laws enabled the State of Montana to comply with all the requirements of the original Hospital Survey and Construction Act. Chapter 270, the Montana Hospital Survey and Construction Act, established the Board of Health as the sole agency for the administration of the plan, authorized the inventory and survey of existing hospital facilities and provided for an Advisory Council.

It was necessary to amend the original State enabling law to cover the expanded program as provided by the Medical Facilities Survey and Construction Act of 1954. This was accomplished by Senate Bill No. 67, signed by the Governor, March 4, 1955, included as Chapter 215 of the 1955 Montana Session Laws.

Governor Tim Babcock designated the State Board of Health as the sole agency to implement the provisions of Public Law 88-164, cited as the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963. The enabling legislation was provided by Chapter 77 of the 1965 Montana Session Laws. This also provided for the "Hospital and Medical Facilities Amendments of 1964," Public Law 88-443.

Chapter 269 of the 1947 Montana Session Laws provided for the licensing, inspection, and regulating of hospitals throughout the State. The Federal Act required that minimum standards for maintenance and operation be established for the hospitals which receive Federal aid under the Act. The State Licensing Law, as passed, to comply with the Federal Act is intended to apply to all hospitals (except Federal) since minimum standards are equally desirable for all operating hospitals.

Chapter 78 of the 1965 Montana Session Laws amended the Licensing Law to include facilities for mental diseases and mental retardation. It also provided a hospital, medical and related facilities advisory council to consult and advise the board in matters of policy affecting administration of the Montana Hospital, Medical, and Related Facility Survey and Construction Act and in the development of rules, regulations and standards provided under the Licensing Act.

The 1967 Montana Legislative Assembly enacted Chapter 197 which pertains to the State Agency in administering the Hospital, Public Health Centers, and Medical Facility Survey and Construction Act, and Part C of Title I, and Title II, of the Federal Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, being Public Law 88-164, 88th Congress of the United States or any amendments thereto.

Section 1, Chapter 197, Laws of Montana, 1967, (Chapter 41--State Board of Health, Section 69-4101, Revised Codes of Montana, Volume 4, Part 1, 1967 Cumulative Pocket Supplement) establishes a State Department of

Health within the executive branch of state government. Effective July 1, 1967, the Department of the State Board of Health is designated as the State Department of Health.

Section 2, Chapter 197, Laws of Montana, 1967 states, "State Board" to mean the state board of health, and "Department" to mean the state department of health.

Membership of the State Board of Health is detailed by law, Section 3, Chapter 197, Laws of Montana (Section 69-4103, Revised Codes of Montana, Volume 4, Part 1, 1967 Cumulative Pocket Supplement):

"(1) The state board consists of seven (7) members appointed by the governor for terms of seven (7) years with the consent of the Senate. An appointment to replace a member whose term has expired shall be for seven (7) years. An appointment to replace a member whose term has not expired shall be for the remainder of the term.

(2) Membership of the state board shall include:

a. three (3) persons who have a degree of doctor of medicine;
b. one (1) person who has a degree of doctor of dental surgery;
c. three (3) persons who have demonstrated intelligent and active interest in the field of public health who do not hold the degree of doctor of medicine or doctor of dental surgery.

(3) Terms of members holding office when this act becomes effective shall not be affected."

Chapter 197, Laws of Montana, 1967 (Chapter 52, Sections 69-5201 to 69-5221, Revised Codes of Montana, Volume 4, Part 1, 1967 Cumulative Pocket Supplement) supersedes Chapter 78 and Chapter 162 of the 1965 Montana Session Laws. This law provides for the licensing of hospital, hospital related facilities, and long-term care facilities. It also provides, in Section 172 (69-5214), a hospital and long-term care facility advisory council to consult with the state board in administering this chapter and statutes relating to hospitals, medical and related facilities survey and construction contained in Sections 180 through 192 (69-5301 through 69-5313) of this act.

This council combines the functions of the Advisory Councils formerly provided in Chapter 78 (Section 69-2910) and Chapter 162, Section 15 of the 1965 Montana Session Laws and resulted in the appointment of four (4) additional members to the previous Council. Two each of the new members represent long-term care facilities and comsumers respectively.

Chapter 197, Laws of Montana, 1967 also includes Hospitals, Medical and Related Facility Survey and Construction in Sections 180 through 192. This is designated as Chapter 53, Sections 69-5301 through 69-5313 of the Revised Codes of Montana, Volume 4, Part 1, 1967 Cumulative Pocket Supplement. Sections 181 (69-5302) designates the State Department of Health as

the principal State Agency for establishing and administering a statewide plan for construction, modernization, alteration, equipment, maintenance, or operation of any hospital, medical or related facility for provision of care, treatment, diagnosis, rehabilitation, training, or related service.

69-5301. DEFINITIONS, as used in this Chapter, unless context clearly indicates otherwise:

(1) "Federal acts" are statutes for the construction of medical or related facilities.

(2) "Hospital" includes public health centers and . . .

(3) "Medical facility" means a diagnostic or diagnostic and treatment center, rehabilitation facility, facility for long-term care as defined by federal acts, and other medical facilities for which federal aid is or may be authorized.

(4) "Related facility" includes a facility devoted to the diagnosis, treatment, or cure of individuals afflicted with mental illness or mental retardation.

(5) "Health center" means . . . . . .

(6) "Non-profit hospital or non-profit medical facility" means a hospital or medical facility owned or operated by one (1) or more non-profit corporations or associations if no part of the earnings inure to the benefit of any private shareholder or individual.

(7) "Council" means the hospital and long-term care facility advisory council created by Section 172 (69-5214) of this act.

History: En. Sec. 180, Ch. 197, L. 1967.

69-5302. STATE DEPARTMENT OF HEALTH AS PRINCIPAL STATE AGENCY FOR HOSPITAL CONSTRUCTION -- CONTRACTS WITH FEDERAL GOVERNMENT.

The State Department of Health is the principal state agency for establishing and administering a statewide plan for construction, modernization, alteration, equipment, maintenance, or operation of any hospital, medical, or related facility for provision of care, treatment, diagnosis, rehabilitation, training, or related service. With approval of the State Board of Health, the Executive Officer of the State Department of Health may enter into contracts and agreements with agencies of the federal government to secure the benefit of federal programs to provide adequate medical and related facilities and services.

History: En. Sec. 181, Ch. 197, L. 1967.

69-5803. POWERS AND DUTIES OF STATE DEPARTMENT OF HEALTH.

The department shall:

(1) inventory existing hospitals, medical and related facilities;

(2) survey the need for construction or alteration of hospitals;

(3) develop and administer a state plan for the construction and alteration of public and other non-profit hospitals, medical and related facilities;

(4) if desirable, enter into agreements, after approval by the state board, for the utilization of facilities and services of other departments, agencies, and institutions, public or private;

(5) accept and deposit with the state treasurer and spend any grant, gift, or contribution made to meet costs of carrying out the purposes of this act.

History: En. Sec. 182, Ch. 197, L. 1967.

69-5214. HOSPITAL AND LONG-TERM CARE FACILITY ADVISORY COUNCIL -- MEMBERS APPOINTED BY GOVERNOR -- FUNCTIONS.

(1) The governor shall appoint a hospital and long-term care facility advisory council to consult with the state board in administering this chapter and statutes relating to hospitals, medical and related facilities survey and construction contained in Sections 180 through 192 (69-5301 through 69-5313) of this act.

(2) The council consists of:

a. the executive officer of the department of health who is ex-officio chairman;

b. the state administrator of public welfare, ex-officio;

c. the director of the department of institutions, ex-officio;

d. representatives of non-governmental organizations or groups, and public agencies, concerned with the operation and construction of hospitals and hospital related facilities;

e. two (2) persons of recognized experience in the operation of long-term care facilities;

f. representatives of consumers familiar with the need for services provided by hospitals, hospital related facilities, and long-term care facilities;

g. additional members required for benefits under any federal law.

69-5215. HOSPITAL AND LONG-TERM CARE FACILITY ADVISORY COUNCIL -- TERMS OF OFFICE OF MEMBERS -- MEETINGS -- COMPENSATION.

(1) Members of the first council shall serve for one, two, or three years as designated by the governor. The governor shall avoid expiration of the terms of more than one-third (1/3) or the initial appointive members' terms in any twelve-month period. After the initial appointments, appointed members serve for three-year terms. Appointments for unexpired terms shall be for the remainder of the term.

(2) The council meets at the call of the chairman, or at the request of four (4) of the appointed members.

(3) Members, except ex-officio members, are reimbursed at the rate of ten dollars ($10) per day for actual expenses and eight cents (8¢) per mile for travel.

The State Statutes are not reproduced in their entirety in this Plan. However, copies will be furnished to interested parties on written request to the Montana State Department of Health.

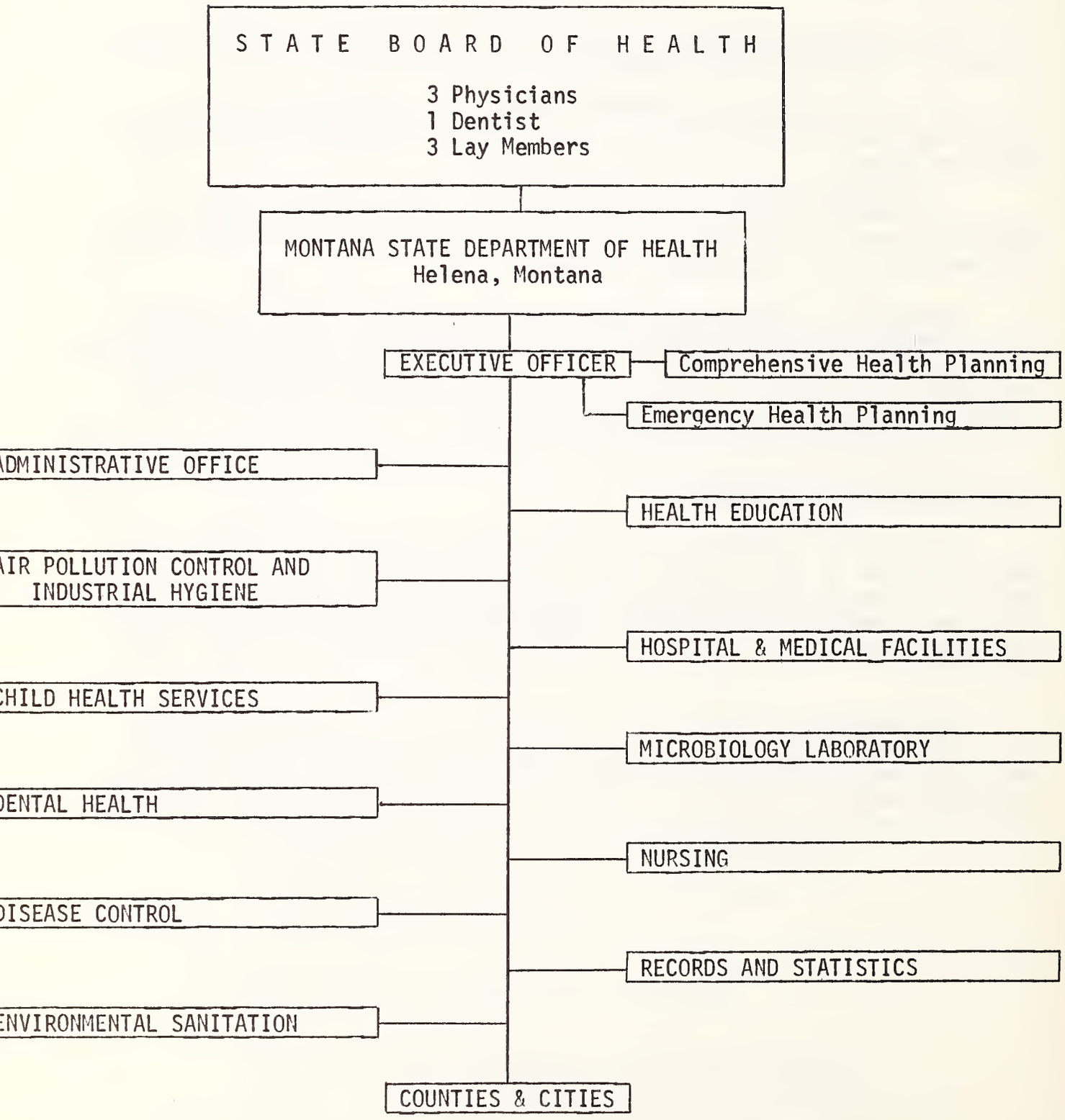
Inquiries, or requests for additional information, may be addressed to the Montana State Department of Health, Attention Director, Division of Hospital and Medical Facilities, Helena, Montana 59601. Persons wishing to confer are invited to call at the Division Office, 1409 Helena Avenue, Helena. Telephone: Area Code 406, 449-2037.

MAJOR STATE AGENCY PERSONNEL

The Division of Hospital and Medical Facilities, Montana State Department of Health is the Division within the State Agency responsible for the administration of the plan for construction of facilities for the mentally retarded, community mental health centers and hospital and medical facilities under the Hospital and Medical Facilities Amendments of 1964, Public Law 88-443.

The Executive Officer, John S. Anderson, M.D., M.P.H., is Director of the Montana State Department of Health and is responsible to the Montana State Board of Health. Robert J. Munzenrider is Chief, Hospital Construction Section, Division of Hospital and Medical Facilities. The Chart on page 7 shows positions in the State Department of Health.

Organization Chart
9/15/67



MONTANA STATE BOARD OF HEALTH

Mrs. O. H. Mann, President . . . . . Missoula

R. D. Knapp, M.D., Vice President. . . . . Wolf Point

Paul H. Bowden, D.D.S. . . . . Butte

Mrs. John Sheehy . . . . . Billings

George H. Gould, M.D.. . . . . Kalispell

John W. Bartlett . . . . . Whitefish

Edwin C. Segard, M.D.. . . . . Billings

EXECUTIVE OFFICER AND SECRETARY

John S. Anderson, M.D.

DIVISION OF HOSPITAL AND MEDICAL FACILITIES

Director:

HOSPITAL CONSTRUCTION SECTION

Robert J. Munzenrider,
Chief

Walter C. Moyle,
Architect

Wallace A. King,
Hospital Facilities Consultant

Mrs. Pamela J. Moore,
Secretary

HOSPITAL AND LONG-TERM CARE FACILITY ADVISORY COUNCIL

NAME AND ADDRESS	Occupation or Profession	Representation
Government		
John S. Anderson, M.D., M.P.H. Helena, Montana 59601	Chairman, Ex Officio Executive Officer State Dept. of Health	State Dept. of Health
Theodore Carkulis ** State Dept. of Public Welfare 10th and North Ewing Helena, Montana 59601	Director, State Dept. of Public Welfare Ex Officio	State Dept. of Public Welfare
Edwin G. Kellner Helena, Montana 59601	Director, State Dept. of Institutions Ex Officio	State Dept. of Institutions
Non-Government		
V. R. Powers 2/ 5/ * 1211 Rose Brier Drive Missoula, Montana 59801	Administrator Missoula Community Hospital	Montana Hospital Association
Eugene A. Lalonde 4/ 5/ P.O. Box 953 Sidney, Montana 59270	Attorney	Montana Tuberculosis Assn.
M. E. Donovan 2/ 5/ * P.O. Box 1677 Helena, Montana 59601	Executive Director Montana Physicians' Service	Blue Shield
Leonard Kuffel, M.D. 4/ 6/ 18 Martha Court Missoula, Montana 59801	Anesthesiologist	Montana Medical Association
Thomas McMaster 3/ 6/ 1109 Livingston Avenue Helena, Montana 59601	Dairy Technologist	Montana Assn. for Retarded Children
Bryce Hughett, M.D. 2/ 7/ * 1231 North 29th Billings, Montana 59101	Psychiatrist	Montana Medical Association
John Muir 4/ 8/ Hamilton, Montana 59840	Administrator, Valley View Estates Nurs. Hm.	Long-Term Care Facilities
Mrs. Dorothea M. Huff 3/ 8/ Big Timber, Montana	Administrator, Sweet Grass County Pioneer Home	Long-Term Care Facilities

NAME AND ADDRESS	Occupation or Profession	Representation
Consumers		
Mrs. Helen Johnson 4/ 5/ 619 South Willson Avenue Bozeman, Montana 59715	Real Estate Insurance	
Mrs. G. J. Stenseth 1/ 8/ * 645 Seventh Avenue East Kalispell, Montana 59901	Housewife	
Mrs. Ralph Getter 4/ 8/ 224 Second Avenue Southeast Cut Bank, Montana 59427	Housewife	
Mrs. Stephen Birch 3/ 5/ 2625 Fourth Avenue South Great Falls, Montana 59401	Housewife	
Robert F. Branton 4/ 5/ 210 South Oak Townsend, Montana 59644	Insurance	
F. B. Welsh 4/ 5/ 9 North 24th Street Billings, Montana 59101	Insurance	
Miss Elizabeth Havnen 3/ 5/ 3415 Second Avenue South Great Falls, Montana 59401	Nursing Supervisor City-County Health Department	
W. Boyce Clarke 3/ 6/ 1705 Stower Miles City, Montana 59301	Insurance	
A. W. Scribner 3/ 6/ P.O. Box 225 Helena, Montana 59601	Attorney	
Ervin S. Thoreson 3/ 6/ 302 - 36th Street South Great Falls, Montana 59401	Pharmacist	
Mrs. Thomas Payne 4/ 7/ 112 Pattee Creek Drive Missoula, Montana 59801	Housewife B. Sc., Nursing	
Consultants		
Jack C. Carver 9/ 508 Power Block Helena, Montana 59601	Director, Division of Vocational Rehabilitation State Board of Education	Vocational Rehabilitation

NAME AND ADDRESS	Occupation or Profession	Representation
Consultants (Continued)		
Stanley J. Rogers, M.D. Superintendent & Director Warm Springs State Hospital Warm Springs, Montana 59756	Director, Division of Mental Hygiene Mont. Dept. of Institutions	State Mental Health Authority

1/ Term of Office: January 1, 1968 to January 1, 1969.

2/ Term of Office: January 1, 1966 to January 1, 1969.

3/ Term of Office: January 1, 1967 to January 1, 1970.

4/ Term of Office: January 1, 1968 to January 1, 1971.

5/ Appointed under P. L. 88-443, Hill-Harris.

6/ Appointed under P. L. 88-164, Title I, Part C. (Construction of facilities for the Mentally Retarded.)

7/ Appointed under P. L. 88-164, Title II (Construction of Community Mental Health Centers.)

8/ Appointed under Chapter 197, Section 172, (2)(e), Laws of Montana, 1967. (Chapter 52, Section 69-5214, (2)(e), Revised Codes of Montana, Volume 4, Part 1, 1967 Cumulative Pocket Supplement.)

9/ Public Law 88-443 in Section 604, (a)(3) provides that the Advisory Council shall include a representative of a non-government organization, or group, or state agency concerned with rehabilitation, or provide for consultation with groups, organizations or agencies so concerned.

** W. J. Fouse retires as of January 1, 1969 as Director of Public Welfare. Theodore Carkulis is new Director.

* Term expires as of January 1, 1969. Have been reappointed.

CHAPTER II

BASES FOR PLANNING

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IDEOLOGY

The growing need for programs to serve the mentally retarded has stimulated increased demand for action. A sense of urgency accompanies the determination to make appropriate services and facilities available for all levels of retardation and all age groups and for a wider geographic coverage in a more balanced pattern of distribution. There is a need for effective, realistic and practical planning for the development of services and facilities for the mentally retarded.

CONCEPTS IN PLANNING

The prime objective of all programs for the mentally retarded is to provide opportunities for each individual to attain his fullest potential. In the planning of services and facilities, cognizance of this objective calls for the establishment of specific goals for each individual in each program, periodic reassessment of program objectives in terms of individual potentials, and a built-in flexibility within programs to permit ready adaptation to changing requirements.

In light of the objective described above, planning must involve utilization of community services insofar as feasible and practical. The values accruing to the individual and his family make it desirable to encourage the inclusion of the retarded within the framework of community programs. The effectiveness of these programs will depend upon the degree of understanding of the special needs of the retarded, and the consideration given to these special needs, by personnel administering the program.

To the extent appropriate and practicable, services and facilities should be planned for availability within the community. This permits utilization of family and community resources, helps sustain family interest in the individual, and facilitates assimilation of the retarded into normal patterns of community life. Efficient planning for the retarded within this community orientation calls for correlation with other community planning activities in the areas of health, education, and welfare to assure full utilization of available resources and to avoid duplication wherever possible.

Those planning services and facilities for the mentally retarded must bear in mind that not all new services or expansions of existing services will require added facilities. Frequently, additional programs can be housed within facilities currently in operation. Efficient planning entails careful analysis of the potentials of existing facilities to provide adequate functional space for new programs to be developed.

A comprehensive attack on mental retardation must include preventive service as well as care and treatment services. Prevention is the most

effective means of reducing the incidence of mental retardation. A significant proportion of this handicapping condition results from conditions which are preventable with good medical care. It has been estimated that full application and utilization of existing knowledge through action on a broad front to correct adverse community conditions, combined with specific preventive measures, would eliminate at least half of the new cases of mental retardation.

The planning of services and facilities for the mentally retarded calls for the recognition that mental retardation and mental illness are separate problems. Although the two conditions are related, in that they may, on occasion, occur in the same person, and may involve some of the same kinds of professional skills. In diagnosis and in the care of the individual involved, there are basic differences between them which nessitate the establishment of, and adherence to, different concepts and objectives in the planning process. Planning in both areas, however, should be correlated to the fullest extent possible to insure maximum use of available community resources.

Effective planning includes a realistic assessment of mental retardation needs, and an analysis of needs, in terms of services and facilities required. This assessment starts with an evaluation of the existing services and facilities available for the retarded, both specialized and general, in terms of their capacity and potentials. It includes the formulation of a specific plan containing recommendations for the development of needed additional services and facilities and the translation of these recommendations into action.

Stimulation of interest in the planning of services and facilities for the mentally retarded must come from the understanding, support, and leadership of professional groups involved in the field of mental retardation such as physicians, special education teachers, psychologists, social workers, and members of many other professions. These groups, in turn, must evoke the participation of leaders in commerce and industry, labor and other facets of community life.

FACTORS AFFECTING PLANNING

Planning of services and facilities for the mentally retarded is affected by a wide range of factors and conditions. Planning will be conditioned by the number of retardates residing within the planning area. The larger the number of retarded, the greater the prospective need for services and facilities. Hence, in areas of low income, cultural deprivation, and high density of population--considerable need for services and facilities may be anticipated.

The types of services and facilities required will be influenced by the numbers of individuals in the various levels of retardation--mild, moderate, severe, and profound--and in age classifications such as children (preschool and school age) and adults. The availability of existing services and facilities for these levels as well as the total numbers of the retarded served, must be known in order to determine the services and facilities required to adequately meet total needs.

The degree to which existing community services are available to the retarded will also have an impact on the planning of services and facilities. Most planning areas have some type of generic services and facilities open to the mentally retarded. Efficient and realistic planning necessitates identifying these services and facilities and analyzing programs which they provide, in terms of the total needs of the retarded individuals in the area.

Finally, planning for the retarded is influenced by the range of specialized services and facilities currently available; the extent to which, when correlated with generic services, these complete the spectrum of needed programs; and the acceptance and support which they enjoy within the community or planning area. The planning of needed specialized services and facilities capable of maintaining quality programs requires public understanding and backing such as that accorded generic services.

Many barriers must be faced in planning services and facilities for the retarded. The availability of services and facilities does not necessarily imply adequate utilization; significant problems arise in bringing services and clientele together. Avoiding unnecessary service duplications and overlapping may also prove difficult. Furthermore, standards for programming have not been developed to insure adequate services for some levels of retardations or age groups. Techniques are not yet available for estimating potential caseloads and evaluating demographic, cultural, and economic changes.

Other problems have come to the forefront as the mental retardation horizon widens. Among these are the extent to which a given facility actually serves the needs of the area it is intended to serve, and its flexibility to meet a variety of changes. In addition, those planning for development of services and facilities for the mentally retarded in required quantity face shortages of qualified personnel, problems of financial support, and the incomplete understanding and acceptance of mental retardation as a community problem.

CHARACTERISTICS OF THE MENTALLY RETARDED

From a medical point of view, "mental retardation" is not a disease entity. It is a syndrome which can be produced by many causative agents acting singly or in combination. Symptomatically, it is characterized by delayed or typical development patterns accompanied by impairment of general adaptation. From an educational point of view, the mentally retarded child is characterized by subnormal intellectual functioning to an extent which prevents him from responding efficiently to the usual patterns of classroom instruction. From a social standpoint, the retarded child is slow in maturing and acquiring social and practical skills; as an adult the retardate has less than the normally expected ability to manage his affairs and to progress in gainful employment.

The currently accepted definition of mental retardation by the American Association on Mental Deficiency is: "subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior," "Mental retardation" thus encompasses a wide range of deviance, from minimal to profound.

The distinction between normality and the mildest degree of mental retardation is arbitrarily defined. Mildly retarded persons are more comparable to those who are normal than they are to the most profoundly retarded.

Generally speaking, categories of services are established according to the practical level of functioning and age, rather than the cause of retardation. Nevertheless, etiology may have to be considered in the specifics of treatment or education of a particular individual. Practical distinctions must therefore be based on extent of impairment, considering the various factors which contribute to intellectual and social functioning. The manifestations of these levels of function change with age.

SCOPE OF THE PROBLEM

As stated above, mental retardation is defined as impairment of ability to learn and to adapt to the demands of society. These demands are not the same in every culture. Even within our own society they vary with the age of the individual. Society as a whole does little to assess the intellectual or social accomplishments of the preschool child. During the school years, however, the individual is evaluated very critically in terms of social and academic accomplishment. In later life, the intellectual inadequacy again may be less evident if social performance meets minimum demands.

The variation by age is to some extent determined by differential survival rates and other demographic factors. The very high prevalence at ages 10 to 13 is due primarily to the increased recognition of intellectual handicap of children within the school systems, while the low number of infants from 0 to 1 year of age, identified as retarded, is in part attributable to the fact that their intellectual deficit is not yet apparent. Only gross impairment is evident in early childhood. Of striking significance is the fact that more than half of the individuals considered retarded during adolescence are no longer so identified in adulthood.

In view of these considerations, only gross estimates of the overall magnitude of the problem can be established. One such estimate may be derived through measures of intelligence. The numbers who are mentally retarded by this criterion can be calculated roughly on the basis of the experience with intelligence testing. Experience has shown that virtually all children with I.Q.'s below about 70, on most tests, standardized nationally, have significant difficulties in learning and in adapting adequately to their environment. About 3 percent of the school-age population score below this level.

CHAPTER III

GOALS AND GENERAL POLICY

CHAPTER III

GOALS AND GENERAL POLICY

FUNCTIONS OF THE STATE PLAN

A State Plan is a public document for guiding and influencing the orderly development and improvement of services, and the construction or modernization of facilities, for the mentally retarded. It describes the present pattern of services and facilities throughout the State. It presents a comprehensive program for the development of needed facilities designed to provide quality treatment and care of the retarded. The Plan serves as the basis for allocation of funds available to Montana under the provisions of Title I, Part C, of Public Law 88-164 and amendments thereto. It also serves as a guide for evaluating the need for construction contemplated outside the Federal program.

GOALS AND OBJECTIVES

In discussing the goals and objectives of the State Plan, several basic concepts have been taken into consideration. First, the foremost among these, is that each retarded individual must be provided, insofar as is practical and feasible, opportunities to develop his or her fullest potential. With this prime concept in mind, it is believed that planning should center around the involvement of the retarded individual in his own community environment and the utilization of local or community services, both general and specialized in nature, as much as possible. A logical sequel to our prime concept of providing each retarded individual opportunity to develop his maximum potential is the provision of comprehensive services for retarded individuals which include preventive, diagnostic, and remedial services. Whenever possible, emphasis will be placed on the preventive aspects since, in the long run, this offers the greatest hope of reducing the problem. It is recognized, however, that this must not be done at the expense of other services. Another basic concept is that effective planning cannot be done in isolation. All other Agencies in the State, which are concerned to a significant degree with mentally retarded individuals, must be involved in developing an effective, meaningful, and practical plan. A further basic concept is the utilization of existing suitable facilities and to program construction only where a definite need exists.

STATE POLICIES

Existing state policy places broad responsibility for the mentally retarded in the State Department of Institutions while the specific responsibility for educating the mildly retarded of school age lies in the State Department of Public Instruction.

Due to the large area of the State of Montana, mentally retarded individuals and their families must travel great distances for needed services and care. The Comprehensive State Plan for the Mentally Retarded outlines

the needs, and contains recommendations, to provide better service and care to the retarded on a community or regional basis. The implementation of the recommendations through state and local action will be a substantial step forward in meeting the needs of Montana's mentally retarded citizens and their families. Emphasis is placed on the development of programs for services for the retarded rather than the construction of facilities. As the program and services develop, and additional facilities are indicated, these will be programmed for construction.

Specific policies for guidance in the allocation of Federal grants are as follows:

1. Applications, in order to be considered, must be submitted on current forms of "Application for Project Construction" supplied on request to the Montana State Department of Health. These must be complete with supporting material as outlined in the instructions for completing the applications. The submission of an application under this Revision of the State Plan, if not acted upon due to insufficient Federal funds, shall not be construed by the applicant as establishing a priority under subsequent revisions of the Plan.

2. The Advisory Council, at its regularly scheduled meetings will review applications for project construction and recommend to the State Board of Health projects to be included on the Project Construction Schedule utilizing available Federal funds. Applicants will be given at least three weeks notice of such meeting to afford them the opportunity to appear before the Council in behalf of their applications. Applications will be considered by the Council considering conformance with the State Plan, area priority, the availability of Federal funds, and these specific policies for guidance in the allocation of Federal grants.

3. As a prerequisite for filing an application for project construction, the sponsor shall submit for review and approval, a detailed program outlining the facilities and services to be provided by the proposed facility. The applicant must also show that adequate staff and proper professional personnel, in the respective services, will be available to staff the proposed facility. This program shall be submitted prior to engaging the services of an architect.

4. Filing of Part 1, and the Supplemental Project Information form for Facilities for the Mentally Retarded, is a requirement for consideration for funds and does not assure the applicant that the funds will be allocated.

5. Allocations shall be recommended in only such amounts as will insure the construction of adequate and satisfactory facilities, and only to the extent necessary to insure that adequate mental retardation services will be available. The Council shall recommend only applicants who propose projects which demonstrate solutions to community needs and furnish evidence of sufficient resources to support a reasonable expectancy of effective use. Assistance shall not be allocated to that portion of any project which will provide services in excess of the total needs designated in the State Plan.

6. In the event there is an existing facility for the mentally retarded in the community, which is either inadequate or nonconforming, it shall be given an opportunity to make an application for the improvement, expansion, or replacement of its facilities in order to meet the established community needs before any other application from the community shall be considered.

7. Where an institution is functioning in a structure of inadequate capacity, obsolete arrangement and/or otherwise nonconforming rating, and could provide better service in a new plant, total replacement will be favored over a project for modernization of the existing structure, provided the latter will be abandoned as to its original purpose.

8. Applications for projects within each area shall be considered in order of importance as follows:

a. Facilities which alone or in conjunction with other existing facilities provide comprehensive services for a particular community or communities.

b. Facilities which alone or in conjunction with other existing facilities provide multiple but less than comprehensive services for a particular community or communities.

c. Facilities which provide a single service for a particular community or communities.

9. Facilities under construction, not previously approved for funds for construction of facilities for the mentally retarded, are not eligible for participation.

10. Federal funds allocated to any project cannot exceed 55% of the eligible project costs.

CORRELATION TO OTHER PLANNING EFFORTS AND P.L. 88-156

Governor Tim Babcock, in May, 1964, designated the Montana State Board of Health as the Mental Retardation Planning Agency for Montana. Mary E. Soules, M.D., M.P.H., Director of the Division of Disease Control, State Department of Health, was named director of this mental retardation planning program by John S. Anderson, M.D., M.P.H., Executive Officer of the State Department of Health, and Mrs. Maxine S. Homer, Health Education Consultant, was named the Coordinator. Doctor Anderson also named Robert J. Munzenrider, Chief, Hospital Construction Section, Division of Hospital and Medical Facilities, to be in charge of the construction phase of the program.

The Governor, in 1963, directed the state mental health authority to develop a comprehensive mental health plan for Montana, and the State Department of Health to administer the construction phase of the Federal Community Mental Health Centers Act.

The Executive Officer and various division directors of the State Department of Health have participated to a major degree in the formulation of the committees for mental health and mental retardation.

In accordance with the stated objectives of developing this Plan in cooperation with other involved agencies, excellent working relationship has also been developed with the State Department of Institutions. Guidance has been received from the various committees of the comprehensive state plan for the mentally retarded and their reports of prevention, available services, professional and lay training, legislation and research.

This State Plan is correlated with the State Plan for the Construction of Hospitals and Medical Facilities and for the Construction of Community Mental Health Centers in the following areas:

1. The State Agency for the administration of construction funds is the same for all three plans.

2. The Advisory Council to the State Agency is a single council with appropriate representation from the three areas of interest.

3. Current and projected populations are the same for all three plans.

4. The geographical regions in this revision of the State Plan for Construction of Mental Retardation Facilities conform with those of the State Plan for Construction of Community Mental Health Centers and basically with those of the State Plan for Hospital and Medical Facilities Construction. This allows for the planning of comprehensive total health care for areas and communities. The State Mental Health Authority also used these same regions in establishing Regional Mental Health Boards.

5. State policies of administration for the State Plan for the Construction of Facilities for the Mentally Retarded and the State Plan for the Construction of Community Mental Health Centers and for the Construction of Hospital and Medical Facilities are the same wherever applicable.

6. The State Mental Health Authority, Stanley J. Rogers, M.D., Director, Division of Mental Hygiene, Montana State Department of Institutions and Mr. Jack C. Carver, Division of Vocational Rehabilitation, State Board of Education, serve as consultants to the Advisory Council.

CHAPTER IV

MENTAL RETARDATION REGIONS

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MENTAL RETARDATION REGIONS

The State Board of Health adopted the recommendation of the Advisory Council that the geographical regions of the State Plan for Construction of Mental Retardation Facilities conform with those of the State Plan for Construction of Comprehensive Mental Health Centers. These regions are similar to the regions used in the State Plan for Hospital and Medical Facilities Construction.

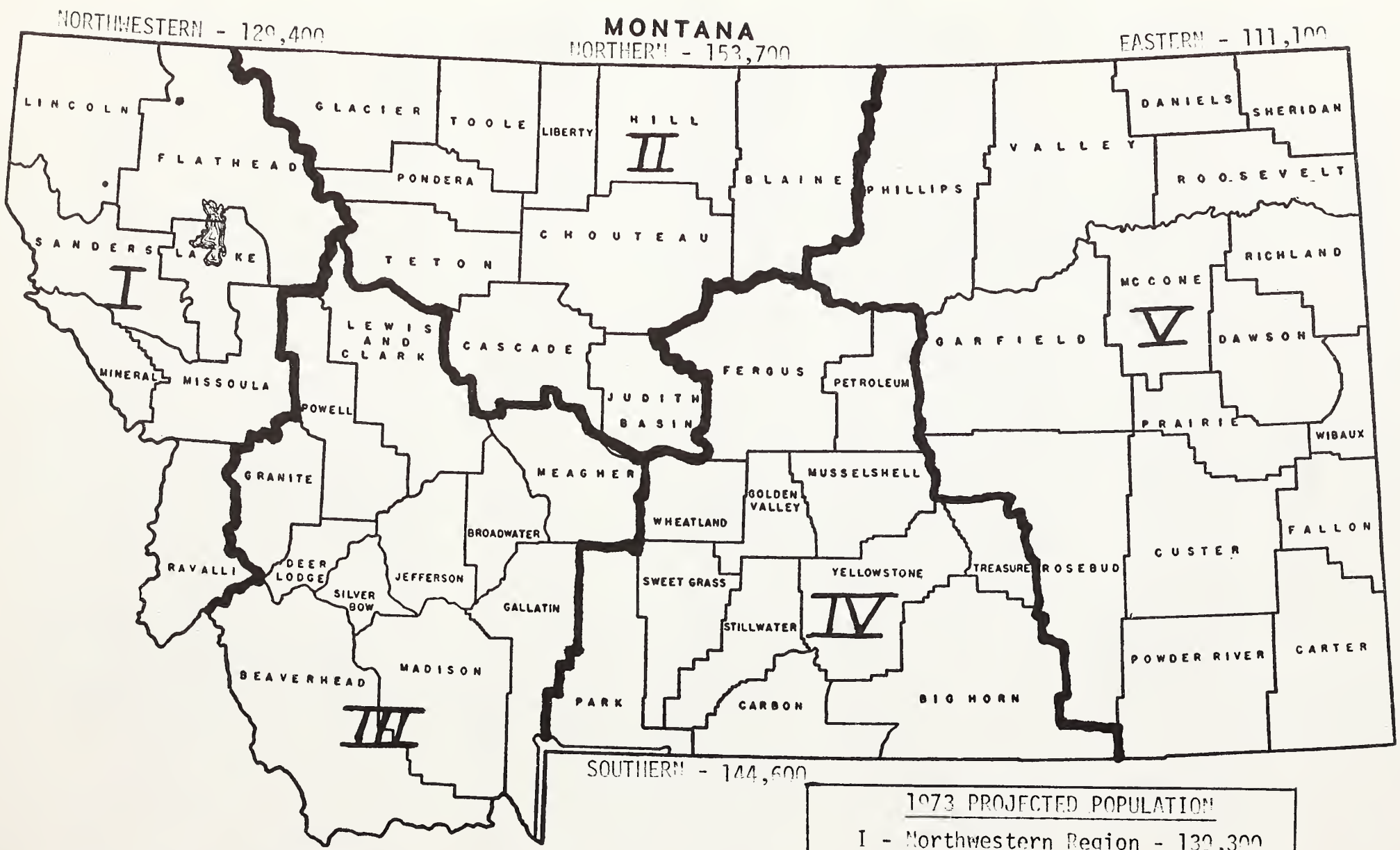
The State has been divided into five regions, or service areas. In doing so, it is recognized that no division can be made which will satisfy all of the needs of each community in the State and still follow the established guidelines and other important factors such as the boundaries of local units of government. However, careful attention has been given to such important considerations as population, trade areas, geographic regions, and natural barriers, location of urban centers, transportation routes and availability of qualified personnel and facilities. In a state which has many sparsely populated areas, it becomes expedient to consider needs as well as the population in the area.

The map on page 21 shows the five (5) mental retardation regions, or areas. Each region has at least a few reasonably populated cities and towns which already serve as economic and medical centers. The discussion of each area, which follows, contains a review of geographic and topographic features as well as other factors which are significant in planning local programs.

REGION I - Northwestern

This region is composed of the entire counties of Lincoln, Flathead, Lake, Sanders, Mineral, Missoula, and Ravalli. It has an estimated population of 129,400 with a projected population of 139,300 in 1973. The estimated number of persons aged 65 and over is 13,857 with a projection of 14,930 in 1973.

This region is composed of some of the most rugged terrain in the United States. The transportation routes follow the valleys parallel to the mountain ranges. East-west travel in the northern portion of the region serving Lincoln and Flathead Counties is U.S. Highway No. 2. The central portion consisting of Missoula and Mineral Counties is served by Interstate 90 for east-west travel, while U.S. No. 10A serves Missoula and Sanders Counties for east-west travel. North-south travel is by U.S. Highway 93 through Ravalli, Missoula, Lake and Flathead Counties. Railroad service in the northern portion of the region, Lincoln and Flathead Counties, is by Great Northern Railway, which has two trains daily traveling both east and west. These are transcontinental trains between Seattle, Portland, and Chicago. Missoula and Sanders Counties are served by two trains daily going both directions, east and west, between Seattle, Portland, and Chicago. The City of Missoula is served by Northwest Airlines,



1973 PROJECTED POPULATION

I	Northwestern Region	130,300
II	Northern Region	170,400
III	Southwestern Region	163,900
IV	Southern Region	160,200
V	Eastern Region	104,200

No. 1050 — County Outline Map
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Helena
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Frontier Airlines, and Commute Air, which provides commuter service. Kalispell is served by the West Coast Airlines providing service between the Pacific Northwest and Great Falls, Montana, and by Commute Air between Spokane, Washington, Troy, Libby, Missoula, and Helena. Bus service to the greater part of the area is provided in both east-west and north-south directions.

With minor exceptions, industry is confined to lumber, wood products, limited mining, agriculture, fruit growing, livestock, dairying, manufacturing and tourists. The City of Missoula is the trade and medical center for Western Montana, and is the location of the University of Montana and the U.S. Forest Service.

The University of Montana offers many resources to the community and the region. The University has inaugurated a degree program in psychology and also trains para-medical personnel including psychologists, social workers, physical therapists, pharmacists, and speech and hearing therapists.

The Missoula City-County Health Department is located at Missoula as is the Missoula Mental Hygiene Clinic. The Child Development Center at Missoula offers mental retardation evaluation and diagnosis.

The region is served by community hospitals located at Libby, Whitefish, Kalispell, Hot Springs, Superior, Polson, Ronan, St. Ignatius, Missoula, and Hamilton. Nursing homes are located at Kalispell, Hot Springs, Polson, Ronan, St. Ignatius, Missoula, and Hamilton.

The Flathead Indian Reservation is located in this region.

REGION II - Northern

This area is comprised of Glacier, Toole, Pondera, Liberty, Hill, Blaine, Teton, Chouteau, Cascade, and Judith Basin Counties. The estimated population of the region is 153,700 with a projected population of 170,400 in 1973. There are an estimated 12,468 persons aged 65 and over, at the present, with 12,650 being projected in 1973. This area lies east of the Continental Divide, is relatively flat, and the beginning of the Great Plains.

The area has diversified industries, including agriculture, livestock, smelting, flour milling, oil production and refining, and some manufacturing. There are two major population centers in this region--Great Falls and Havre.

Located at Great Falls are the College of Great Falls, Smelter and Electrolytic Plant of the Anaconda Mining Company, and Malmstrom Air Force Base. The Montana Power Company operates a series of dams for the generation of electric power. Great Falls is the trade center for northern Montana and is also considered as the medical center for this region. Havre is the second largest city in the region and is a division point on the Great Northern Railroad. The Northern Montana College is located at Havre.

Travel is mostly in an east-west or west-east direction with travel to the south restricted by the Missouri River, there being only one main highway between Great Falls and Wolf Point which crosses the river. The highway system consists of U.S. No. 2 for east-west travel and Highways 89, 91, and 87 for north-south travel. The only other north-south highway is U.S. 191 from Lewistown to Malta. Railroad passenger service is by the Great Northern Railroad which operates two transcontinental trains daily in both directions, east and west. There is generally good bus service in this area. Great Falls serves as the hub for airline service in Montana, being served by four airlines for travel in all directions. Frontier Airlines operates between Great Falls, Havre, Glasgow, Wolf Point, Sidney, and points in North and South Dakota.

There are three Indian Reservations in this region: the Blackfeet in Glacier County, the Rocky Boy in Hill County, and the Fort Belknap in Blaine County. This region also has a concentration of Hutterite Colonies, there being three in Teton County, two in Toole County, and one each in Pondera, Glacier, Liberty, Hill, and Blaine Counties.

General hospitals are located at Cut Bank, Shelby, Chester, Havre, Conrad, Big Sandy, Fort Benton, Choteau, and Great Falls. Nursing homes are located at Cut Bank, Shelby, Chester, Havre, Harlem, Conrad, Fort Benton, Big Sandy, Choteau, and Great Falls. Judith Basin County has one (1) physician but has no hospital or other medical facilities. Northern Montana College at Havre operates a 3-year diploma school of nursing and a school of practical nursing. The Columbus Hospital and the Montana Deaconess Hospital, Great Falls, are affiliated with the Montana State University in a degree program for nurses' training. The region is currently served by the Mental Hygiene Clinic and a psychiatric unit in the Montana Deaconess Hospital, both at Great Falls.

The Montana Rehabilitation Center, Great Falls provides services and classes for educable retarded children, while the school system provides classes for educable and trainable mentally retarded. The Information and Referral Center at Great Falls offers services for the retarded and other handicapped persons.

REGION III - Southwestern

This region consists of Lewis and Clark, Jefferson, Broadwater, Meagher, Powell, Granite, Deer Lodge, Silver Bow, Beaverhead, Madison, and Gallatin Counties. It has an estimated population of 152,200 with a projected population of 163,900 in 1973. There is an estimated 15,992 persons aged 65 and over at the present time projected to 16,330 in 1973.

This area lies predominantly east of the Continental Divide and mostly in mountainous areas. Here, again, the transportation routes follow the valleys parallel to the mountain ranges. The main trade centers in this area are Butte, Helena, and Bozeman. The industries in the region include agriculture, livestock, meat packing, smelting, oil products distribution, mining, logging and lumber products, and some manufacturing.

Butte is the largest city in the region. The operations of the Anaconda Copper Mining Company are at Butte and Anaconda. These include

agriculture, livestock, meat packing, logging and wood products, and some manufacturing. The Montana College of Mineral Science and Technology is located at Butte. Butte is also the trade and medical center in the area.

Helena is the second largest city in the region. It is the location of the State Capitol and various Federal Offices. The Veteran's Administration operates a hospital at Fort Harrison. (Approximately six miles west of Helena.) Helena is also the location of Carroll College.

Bozeman is the third largest city in the region and is the location of the Montana State Universtiy.

There are good highways between cities and towns in the area. East-west highways include Interstate 90 and U.S. Highway 12 and 287. North-south travel is by Interstate 15, U.S. 91, 287, and 10. Railroad passenger service is by the Northern Pacific Railroad for travel east and west, while the Union Pacific operates south to Salt Lake City from Butte. Airline service in all directions is available by Western Airlines and Northwest Airlines from Helena, Butte, and Bozeman. Frontier Airlines serves Bozeman while Commute Air serves Helena.

There are two Hutterite Colonies located in Meagher County, one near White Sulphur Springs and one near Martinsdale.

This region is served by community hospitals located at Helena, Deer Lodge, Philipsburg, Anaconda, Butte, Dillon, Sheridan, Ennis, Bozeman, Townsend, and White Sulphur Springs. Nursing homes are located at Helena, Anaconda, Butte, Sheridan, and Bozeman. Mental hygiene clinics are located at Helena and Butte. The Warm Springs State Hospital at Warm Springs, a mental facility, serves on a statewide basis. Due to the proximity of this facility, there is a high utilization by residents of this region. This hospital also serves approximately 170 mentally retarded who will be moved to the Boulder River School and Hospital, at Boulder, upon completion of added facilities which are currently nearing completion.

The Boulder River School and Hospital at Boulder, serves Montana's mentally retarded citizens on a statewide basis. It is the plan of the Montana State Department of Institutions to maintain the Boulder facility at a size to accommodate approximately 900 retardates, and to construct facilities for the mentally retarded in other regions of the State. Upon completion of the plan, it is anticipated that the Boulder facility will serve Region III and also serve for the referral of the more severe retardates from outlying areas. It is planned that after necessary evaluation and treatment has been completed that these individuals will be returned to their respective communities. Due to the crowded conditions at the Boulder facility, approximately 100 retardates have been temporarily transferred to facilities at the Galen State Hospital at Galen. Limited services for the retarded include a nursery school and sheltered workshop at Butte and the GARC Training Class at Bozeman.

REGION IV - Southern

This region includes Fergus, Petroleum, Wheatland, Park, Sweet Grass, Golden Valley, Musselshell, Stillwater, Yellowstone, Treasure, Carbon, and

Big Horn Counties. This area is comprised of both mountainous and plains areas with good transportation routes. It has an estimated population of 144,600 with a projected population of 160,200 in 1973. There is an estimated 13,963 persons aged 65 and over, with a projection of 14,790 in 1973. The area has diversified industries including agriculture, livestock, livestock marketing, meat packing, sugar refining, oil refining, trucking, mining, and some manufacturing.

The largest city in the area is Billings. It is the medical and trade center for south central Montana and northern Wyoming. Billings is also the home of Eastern Montana College and the Rocky Mountain College. The larger communities in the region are Lewistown and Livingston. Other communities are Big Timber, Columbus, Red Lodge, Harlowton, Roundup, and Hardin.

Travel, in general, is by good highways which include Interstate No. 90 and 94, and U.S. 12 for east-west travel, and for north-south travel, U.S. Highways 89, 212, 310, 87, and 191. East-west railroad travel is by the Northern Pacific Railway, while travel to the south is by the Burlington Railraod. Air service is provided by Frontier Airlines, Northwest Airlines, and Western Airlines into Billings for service in all directions. Lewistown is served by Frontier Airlines. Bus service in the area is good.

A Hutterite Colony is located near Harlowton in Wheatland County. The Crow Indian Reservation and a portion of the Tongue River Indian Reservation are located in Big Horn County.

This region is served by community hospitals located at Billings, Lewistown, Harlowton, Roundup, Big Timber, Columbus, Red Lodge, and Hardin. Nursing homes are located at Billings, Lewistown, Roundup, Big Timber, Columbus, and Hardin. The Montana Center for the Aged at Lewistown serves on a statewide basis with patients being transferred back and forth from the Warm Springs State Hospital. Petroleum and Golden Valley Counties have no physicians or medical facilities. Mental health facilities include the Billings Mental Hygiene Clinic, with inpatient beds as a psychiatric unit at the Billings Deaconess Hospital. A regional mental health board has been organized in this region and plans are underway for the establishment of a community mental health center, which should start operating in the autumn, of 1969.

Day facility programs for the mentally retarded are provided in Billings at Children's Village and at the Montana Center for Handicapped Children. The Center is located on the campus of Eastern Montana College and also serves for the teaching of students in the Department of Special Education and Guidance at the College.

REGION V - Eastern

This region consists of Phillips, Valley, Daniels, Sheridan, Roosevelt, McCone, Richland, Dawson, Prairie, Wibaux, Garfield, Rosebud, Custer, Fallon, Powder River, and Carter Counties. This is relatively plains area with generally good travel routes. It has an estimated population of 111,100 with a projection of 104,200 in 1973. There are an estimated

10,720 persons aged 65 and over with a projection of 11,210 in 1972.

The major industries in the area are agriculture, livestock, sugar beet growing, sugar refining and oil production. The larger communities in the area are Miles City, Glendive, Glasgow, and Sidney.

The area, in general, is served by good travel routes. However, Garfield, Powder River, and Carter Counties are somewhat isolated. The only means of travel in these Counties is by Highway. East-west highways include Interstate No. 90, and U.S. 12. The northern portion is served by U.S. No. 2. The north-south travel in the northern portion of the region is served by U.S. 212, 312, and State Routes 7 and 22. Garfield, Powder River, and Carter Counties have no bus, railroad, or air service. Frontier Airlines provides service to Miles City, Glendive, Sidney, and Glasgow.

There are two junior colleges in the region, one at Miles City, and the other at Glendive. A Veteran's Administration Hospital is located at Miles City.

The Fort Peck Indian Reservation is located largely in Roosevelt County with portions in Valley, Daniels and Sheridan Counties. A portion of the Tongue River Reservation is located in Rosebud County.

This region is served by community hospitals at Malta, Glasgow, Scobey, Plentywood, Wolf Point, Poplar, Culbertson, Jordan, Circle, Sidney, Glendive, Forsyth, Miles City, Terry, Baker, and Ekalaka. Nursing homes are located at Scobey, Wolf Point, Poplar, Circle, Sidney, Glendive, Baker, Glasgow, and Ekalaka.

The 1967 Montana Legislative Assembly appropriated $165,000 to construct facilities for the mentally retarded at Glendive. This, together with Federal funds, will allow total construction in the amount of $333,333. Plans are to construct two cottages for 32 retardates and special education facilities. This facility is expected to begin operation in the autumn of 1969. Additional special education facilities are to be provided by the community. The Opportunity Room at Glasgow provides services in day facility programs for a limited number of retardates, as does the Custer County Day School at Miles City.

POPULATION ESTIMATES AND PROJECTIONS

The population estimates and projections are those used in the Montana State Plan for Hospital and Medical Facilities Construction, which are the latest figures of civilian population, certified by the Federal Department of Commerce.

According to the U.S. Bureau of Census, Series P-25, No. 380, dated November 24, 1967, the provisional estimate of civilian population for Montana as of July 1, 1967 is 691,000.

The projected civilian population for Montana as of 1973 is shown as 738,000 in the U. S. Bureau of Census illustrative projections in their Series P-25, No. 380, dated November 24, 1967. This also gives a projection of 67,000 of population aged 65 and over, as of July 1, 1967.

The u. S. Bureau of Census provisional estimates of population aged 65 and over as of 1973 as given in their Series P-25, No. 384, dated January, 1968 for Montana is 70,000.

Population Estimates by Region are as follows:

Region	July 1, 1967 Population	Aged 65 and Over	Projected 1973 Population	Aged 65 and Over
I - Northwestern	129,400	13,857	139,300	14,900
II - Northern	153,700	12,468	170,400	12,650
III - Southwestern	152,200	15,992	163,900	16,380
IV - Southern	144,600	13,963	160,200	14,780
V - Eastern	111,100	10,720	104,200	11,210
STATE TOTAL	691,000	67,000	738,000	70,000

CHAPTER V

SERVICES AND FACILITIES

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SERVICES AND FACILITIES

The mentally retarded require an array of services that provide a "continuum of care" or "spectrum of opportunity" for all levels of retardation and for all age groups.

To achieve a continuum of care requires an overall program of direct services. All services shall be correlated to provide maximum efficiency and use of available financial and personnel resources to insure full coverage of needs of the retarded.

DIAGNOSTIC

Coordinated medical, psychological, and social services, supplemented where appropriate by nursing, educational, or vocational services and carried out under the supervision of personnel qualified to: (1) diagnose, appraise, and evaluate mental retardation and associated disabilities and the strengths, skills, abilities, and potentials for improvement of the individual; (2) determine the needs of the individual and his family; (3) develop recommendations for a specific plan of service to be provided, with necessary counseling to carry out recommendations; and (4) where indicated, periodically reassess progress of the individual.

An adequate and thorough diagnosis and evaluation of all retarded persons is essential to the proper planning of individual programs to meet particular and specific needs. Both short-term and long-term planning for treatment, training, education, and personal care or supervision of the individual, and counseling of his parents is dependent upon the quality of diagnosis and evaluation services provided for him. Hence, diagnostic and evaluation services are the keystone to the development of a complete array of services in any community or region.

Mental retardation is frequently complicated by problems of associated physical disabilities, emotional disturbances, sensory defects, and the like. The existence of these correlative conditions emphasizes the need for comprehensive diagnosis and evaluation prior to the development of individual programs for treatment, education, training, personal care services, or sheltered employment.

TREATMENT

Services, under medical direction and supervision, providing specialized medical, psychiatric, neurological, or surgical treatment, including, where appropriate, dental therapy, physical therapy, occupational therapy, speech and hearing therapy, or other related therapies which provide for improvement in effective physical, psychological, or social functioning of the individual.

The inclusion of the full range of specialized medical and related

services contained in the definition above is predicated on the concept that the retarded will require the same basic medical care as the non-handicapped. The importance of developing and maintaining adequate treatment services for the retarded is further emphasized by the fact that a significant portion of retardates have associated disabilities such as impaired hearing, difficulty in perceiving, impaired vision, poor muscular coordination, and physical deformities. Increased survival rates will probably increase the number of retarded persons with associated physical handicaps in the future.

EDUCATIONAL

Services, under the direction and supervision of teachers qualified in special education, which provide a curriculum of instruction for pre-school children, for school-age children unable to participate in public schools and for the mentally retarded persons beyond school-age.

The basic functions of educational programs for children of pre-school age are to develop basic self-help skills, such as dressing and grooming, develop pre-academic skills, provide socialization and group training, and promote environmental enrichment for the culturally deprived in order to improve their intellectual experience and motivation. Educational services for the retarded of school age encompass a curriculum of instruction for those unable to keep abreast of a normal public school program. The content of such a curriculum must relate to the capacities of the individuals whom it will serve.

Many retardates are able to progress from school to some type of employment without great difficulty. Others need post-school vocational training services for placement in the economic life of the community. A large number of these retardates have associated personal, social, and physical handicaps. These require specialized training by qualified personnel in order to develop the skills which will enable them to engage in competitive or sheltered employment.

Vocational training includes vocational evaluation, counseling, systematic planned instruction for sheltered or competitive employment, placement and follow-up services. All of these services should be carried out under the supervision of personnel qualified to direct these services.

TRAINING

Services which provide (1) training in self-help and motor skills, (2) training in activities of daily living, (3) training in useful occupational skills, (4) opportunities for personality development and social skills, or (5) experiences conducive to social development, and which are carried out under the supervision of personnel qualified to direct these services.

This broad definition of training also includes group activity services, as well as group home and halfway house services.

Group activity services are defined as: Coordinated programs of diversified activities, providing opportunities for individual learning

and participation, including recreational activities.

Group home or halfway house services are defined as: Supervised housing arrangements which may include counseling and group activities for small groups of mentally retarded individuals capable of relatively independent living, or for individuals needing opportunities to become oriented to community life.

Training services must be developed for a wide range of levels of retardation, and for all age groupings. For example, training services for those in the lower levels of retardation should provide opportunities for the development of behavior patterns, self-care skills, social skills, health habits and attitudes, money management, and many others. Training may be provided on an individual or group basis. For instance, for the young retarded child, home training programs are desirable to assist the mother in developing techniques and sequences of activity which contribute to self-help, motor development, and the like.

Training programs must be compatible with the present developmental levels, learning characteristics, and potentials for future development of the retardates involved. For the younger retarded person, training programs usually emphasize self-help, basic communication, and interpersonal skills. For the older or more capable individual, training programs will generally stress activities which provide opportunities to acquire skills enhancing participation in family, community, and economic life. This includes programs for adults who have completed various types of educational programs available during the school-age years but who are too handicapped to be acceptable in a vocational training or sheltered workshop program.

CUSTODIAL

Services which provide personal care (including food, shelter, and clothing), and special nursing and medical care directed at the prevention of regression and the stimulation of maturation.

Personal care services involve much more than programs designed solely to furnish food, clothing, and shelter. These services should only be maintained where treatment, education, and/or training services are provided within the same facility in order to raise the individuals involved to a higher level of function.

SHELTERED WORKSHOP

Services involving a program of paid work which provides (1) work evaluation; (2) work adjustment training; (3) occupational training, and (4) transitional or extended employment, and which is carried out under the supervision of personnel qualified to direct these activities.

Sheltered workshop services have two major aspects: transitional employment and extended employment. In transitional employment, the major goal is eventual placement in community employment. Such a program places considerable emphasis on training, evaluation, and placement programs as well as actual employment activities. In the extended employment program, emphasis is upon a broad range of work activities for those who cannot

function satisfactorily in competitive employment.

There are certain advantages in providing the mentally retarded with sheltered workshop services in programs which include other handicapped individuals. For some of the mentally retarded, such programs permit broader opportunities for socialization experiences and widen the range of job contracts that can be fulfilled. These benefits can be realized, however, only if the staff of the multipurpose workshop recognizes the special needs of the retarded, particularly the longer training time frequently required.

FACILITIES

1. Diagnostic and Evaluation

Any facility, under this section, must be of sufficient size to accommodate a staff which will be adequate to accomplish coordinated medical, psychological, and social service, supplemented where appropriate by nursing, educational, or vacational services and carried out under the supervision of personnel qualified to: (1) diagnose, appraise, and evaluate mental retardation and associated disabilities, and the strengths, skills, abilities, and potentials for improvement of the individual and his family; (2) determine the needs of the individual; (3) develop recommendations for a specific plan of services to be provided with necessary counseling to carry out recommendations; and (4) where indicated, periodically reassess progress of the individual.

Diagnostic and evaluation clinics may be operated as a part of, or be associated with, such facilities as a medical teaching center, a mental health facility, a general hospital, a residential or day facility for the mentally retarded, a public health center, a State Agency, or may be free-standing. Insofar as possible, diagnostic and evaluation clinics should be planned in proximity to general diagnostic services so as to avoid duplication to assist in the recruitment of professional personnel. In many communities, it is necessary to obtain diagnostic and evaluation services by utilizing the services of several different agencies or practitioners. To make effective use of such resources requires a high degree of cooperation among the agencies involved.

2. Day Facility

Any facility, under this section, must be of sufficient size to accommodate treatment rooms, rooms for education, training and custodial or workshop services on less than a 24-hour basis.

Day facilities provide many benefits to the retarded person, his family, and his community. Significant among them are: participation in supervised programs formally developed to meet individual needs, and maintenance of a controlled environment in which appropriate habit formation is a basic goal. These facilities also provide a wider range and type of experience than can be developed within the family. At the same time, the values of continuing participation in family life are retained. By using day facilities, parents are afforded some relief from the 24-hour task of care and thorough participation in parent-counseling programs offered by

such facilities, can obtain a better understanding of the problems of the retarded. Thus, day facilities make it possible to keep the retarded at home and in the community.

3. Residential Facility

Any facility, under this section, shall be of sufficient size to occommodate those individuals who, by reason of necessity, must remain on the pretraining, or personal care.

Residential facilities have a long history of providing services for the mentally retarded. In the process of their development, they have changed from being largely custodial institutions to facilities maintaining broad programs. These programs include services for the severely retarded and totally dependent, as well as services for the retarded who cannot be maintained in the home or community because of emotional or behavior problems. Residential facilities also meet the needs of the communities unable to financially support the services required by the retarded, or in which placement in generic services or facilities, such as foster homes is impractical or inadequate.

4. Group Home Facility

Any facility, under this section, shall be of sufficient size to accommodate housing, personal counseling services, and group activity services for individuals capable of personal self care.

The major function of group home facilities is to provide opportunities for as much independence of living as can be maintained within a program framework which unobtrusively provides, or makes available, the services needed to sustain independence. These facilities may be satisfactorily developed as homes for the adult retarded, young or old, living and working in the community. They may also be developed as halfway houses for the retarded in transition from residential to community life. These facilities may be established as freestanding institutions, independently owned or operated, or they may be administratively associated with a residential facility, a day facility providing comprehensive services, or a State Agency having administrative responsibility for programs for the mentally retarded.

None of these facilities should be established if for any reason they would duplicate an already existing, suitable facility designated for these very same purposes.

CHAPTER VI

INVENTORY OF FACILITIES, SERVICES, AND PROGRAM

CHAPTER VI

INVENTORY OF FACILITIES, SERVICES, AND PROGRAM

Coding for PHS Form RSA-48-1

INVENTORY - GENERAL DATA

Column Number

1. Enter name or number of planning or services area.

2. Enter the city, town, county, and name of facility. List each city or town alphabetically by county.

3. Enter type of facility. Since in many instances more than one type of facility may be operated in the same building(s) or on the same site by the same owner, the following code is to be used:

A - D&E Clinic, Day Facility, Residential Facility
B - D&E Clinic, Day Facility
C - D&E Clinic, Residential Facility
D - Day Facility, Residential Facility
E - Clinic only
F - Day Facility only
G - Residential Facility only

4. Enter type of ownership of facility, using the following code:

A - Nonprofit
B - Public
C - Proprietary

If the program of the facility is operated by an agency other than owner, identify by footnote the operating agency by name. Indicate whether the operating agency is public, nonprofit or proprietary.

5. Enter total number of all individuals served by the facility during the last 12 months for which data are available.

6. Enter total number of mentally retarded individuals served by the facility during the last 12 months for which data are available.

7. a-e Enter the number of mentally retarded individuals served by the facility during the last 12 months by level of retardation. The total of columns 7 a-e must equal column 6.

8. a-f Enter the number of mentally retarded individuals serviced by the facility during the last 12 months for each specified age group. The total of columns 8 a-f must equal column 6.

Column Number

9. Enter type of other handicapping conditions for which the mentally retarded receive definitive, structured services, using the following code:

A - Hearing impairment
B - Visual impairment
C - Speech impairment
D - Language impairment
E - Convulsive disorder
F - Motor impairment
G - Behavior disorder
H - Other: describe specific handicapping condition(s) on separate sheet or by footnote.

SRS-RSA-48-1

STATE PLAN

COMMUNITY MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUREAU OF THE BUDGET
NO. 83-R0-118

FISCAL YEAR	STATE
1960	Montana

Page 1 of 5 pages

INVENTORY - GENERAL DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	TYPE OF FACILITY (CODE)	TYPE OF OWNERSHIP OF FACILITY (CODE)	TOTAL NUMBER OF PERSONS SERVED	MENTALLY RETARDED PERSONS SERVED IN FACILITY: TOTAL	LEVEL OF RETARDATION: BORDERLINE (68-83 IQ)	LEVEL OF RETARDATION: MILD (50-67 IQ)	LEVEL OF RETARDATION: MODERATE (35-49 IQ)	LEVEL OF RETARDATION: SEVERE (20-34 IQ)	LEVEL OF RETARDATION: PROFOUND (BELOW 20 IQ)	AGE GROUPING: 0-5 YEARS	AGE GROUPING: 6-12 YEARS	AGE GROUPING: 13-20 YEARS	AGE GROUPING: 21-44 YEARS	AGE GROUPING: 45-64 YEARS	AGE GROUPING: 65 YEARS AND OVER	SERVICES FOR RETARDED WITH OTHER HANDICAPPING CONDITIONS (CODE)
1	2a	2b	2c	3	4	5	6	7a	7b	7c	7d	7e	8a	8b	8c	8d	8e	8f	9
I	Missoula	Missoula	Child Development Center	E	B	99	75	26	33	12	4	-	20	40	13	2	-	-	A,B,C, D,E,F, G
	Missoula	Missoula	Opportunity School	F	A	25	25	4	8	7	6	-	-	5	6	13	1	-	C,E,F, G
	Missoula	Missoula	Missoula Crippled Children & Adult Rehabilitation Center	F	A	(UNDER CONSTRUCTION)													
			AREA TOTAL	3	3	124	100	30	41	19	10	-	20	45	19	15	1	-	A-1 B-1 C-2 D-1 E-2 F-2 G-2
			STATE TOTAL										(CONTINUED)						

SRS-RSA-48-1

STATE PLAN

COMMUNITY MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED: BUREAU OF THE BUDGET NO. 83-R0-118

FISCAL YEAR	STATE
1969	Montana

INVENTORY - GENERAL DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	TYPE OF FACILITY (CODE)	TYPE OF OWNERSHIP OF FACILITY (CODE)	TOTAL NUMBER OF PERSONS SERVED	MENTALLY RETARDED PERSONS SERVED IN FACILITY: TOTAL	LEVEL OF RETARDATION: BORDERLINE (68-83 IQ)	LEVEL OF RETARDATION: MILD (50-67 IQ)	LEVEL OF RETARDATION: MODERATE (35-49 IQ)	LEVEL OF RETARDATION: SEVERE (20-34 IQ)	LEVEL OF RETARDATION: PROFOUND (BELOW 20 IQ)	AGE GROUPING: 0-5 YEARS	AGE GROUPING: 6-12 YEARS	AGE GROUPING: 13-20 YEARS	AGE GROUPING: 21-44 YEARS	AGE GROUPING: 45-64 YEARS	AGE GROUPING: 65 YEARS AND OVER	SERVICES FOR RETARDED WITH OTHER HANDICAPPING CONDITIONS (CODE)
1	2a	2b	2c	3	4	5	6	7a	7b	7c	7d	7e	8a	8b	8c	8d	8e	8f	9
II	Great Falls	Cascade	Montana Rehabilitation Center	F	A	90	40	12	5	20	3	-	-	30	10	-	-	-	A,C,D,F
-36-	Great Falls	Cascade	Information and Referral Center 1/	F	B	--	25	-	22	-	3	-	-	-	25	-	-	-	- - -
			AREA TOTAL	2	2	90	65	12	27	20	6	-	-	30	35	-	-	-	A-1 C-1 D-1 F-1
III	Boulder	Jefferson	Boulder River School and Hospital	C	B	839	839	19	179	261	202	178	-	62	279	404	90	4	A,B,C,D,E,F,G,H,I,J 2/
	Butte	Sil. Bow	Nursery School for the Mentally Retarded	F	B	7	7	-	4	3	-	-	7	-	-	-	-	-	- - -
	Butte	Sil. Bow	Sheltered Workshop	F	B	21	21	1	14	5	1	-	-	-	4	16	1	+	E,F,G
			STATE TOTAL																

(CONTINUED)

1/ Center determines and evaluates present services to the mentally retarded which leades to development of further needed services.

2/ H. Emotionally Disturbed. I. Special Training Problems J. Genetic

SRS-RSA-48-1

STATE PLAN

COMMUNITY MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUREAU OF THE BUDGET
NO. 83-R0-118

FISCAL YEAR	STATE
1969	Montana

INVENTORY - GENERAL DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	TYPE OF FACILITY (CODE)	TYPE OF OWNERSHIP OF FACILITY (CODE)	TOTAL NUMBER OF PERSONS SERVED	MENTALLY RETARDED PERSONS SERVED IN FACILITY: TOTAL	LEVEL OF RETARDATION: BORDERLINE (68-83 IQ)	LEVEL OF RETARDATION: MILD (50-67 IQ)	LEVEL OF RETARDATION: MODERATE (35-49 IQ)	LEVEL OF RETARDATION: SEVERE (20-34 IQ)	LEVEL OF RETARDATION: PROFOUND (BELOW 20 IQ)	AGE GROUPING: 0-5 YEARS	AGE GROUPING: 6-12 YEARS	AGE GROUPING: 13-20 YEARS	AGE GROUPING: 21-44 YEARS	AGE GROUPING: 45-64 YEARS	AGE GROUPING: 65 YEARS AND OVER	SERVICES FOR RETARDED WITH OTHER HANDICAPPING CONDITIONS (CODE)
1	2a	2b	2c	3	4	5	6	7a	7b	7c	7d	7e	8a	8b	8c	8d	8e	8f	9
III	Galen	Deer Lodge	Galen State Hospital	G	B	270	100	-	10	55	35	-	-	-	-	20	70	10	- - -
	Warm Spgs.	Deer Lodge	Warm Springs State Hospital	G	B	1400	170	10	10	30	60	60	27	73	39	23	8	-	E,G
	Bozeman	Gallatin	M. R. Information Center	F	A	(COMMUNITY EDUCATION PROGRAM ONLY)													
			AREA TOTAL	6	6	2537	1137	30	217	354	298	238	34	135	322	463	169	14	A-1 B-1 C-1 D-1 E-3 F-2 G-3 H-1 I-1 J-1
			STATE TOTAL										(CONTINUED)						

SRS-RSA-48-1

STATE PLAN
COMMUNITY MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED:
BUREAU OF THE BUDGET
NO. 83-R0-118

FISCAL YEAR	STATE
1969	Montana

INVENTORY - GENERAL DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	TYPE OF FACILITY (CODE)	TYPE OF OWNERSHIP OF FACILITY (CODE)	TOTAL NUMBER OF PERSONS SERVED	MENTALLY RETARDED PERSONS SERVED IN FACILITY: TOTAL	LEVEL OF RETARDATION: BORDERLINE (68-83 IQ)	LEVEL OF RETARDATION: MILD (50-67 IQ)	LEVEL OF RETARDATION: MODERATE (35-49 IQ)	LEVEL OF RETARDATION: SEVERE (20-34 IQ)	LEVEL OF RETARDATION: PROFOUND (BELOW 20 IQ)	AGE GROUPING: 0-5 YEARS	AGE GROUPING: 6-12 YEARS	AGE GROUPING: 13-20 YEARS	AGE GROUPING: 21-44 YEARS	AGE GROUPING: 45-64 YEARS	AGE GROUPING: 65 YEARS AND OVER	SERVICES FOR RETARDED WITH OTHER HANDICAPPING CONDITIONS (CODE)
1	2a	2b	2c	3	4	5	6	7a	7b	7c	7d	7e	8a	8b	8c	8d	8e	8f	9
IV	Billings	Yellowstone	Childrens' Village	F	A	5	5	-	1	3	1	-	-	5	-	-	-	-	- - -
	Billings	Yellowstone	Montana Center for Handicapped Children	B	B	382	160	64	53	24	14	5	46	90	23	1	-	-	A,B,C, D,E,F, G
	Billings	Yellowstone	Community Mental Health Center	F	B	(UNDER CONSTRUCTION)													
			AREA TOTAL	3	3	387	165	64	54	27	15	5	46	95	23	1	-	-	A-1 B-1 C-1 D-1 E-1 F-1 G-1
			STATE TOTAL										(CONTINUED)						

SRS-RSA-48-1

STATE PLAN

COMMUNITY MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED: BUREAU OF THE BUDGET NO. 83-R0-118

FISCAL YEAR	STATE
1969	Montana

INVENTORY - GENERAL DATA

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	TYPE OF FACILITY (CODE)	TYPE OF OWNERSHIP OF FACILITY (CODE)	TOTAL NUMBER OF PERSONS SERVED	MENTALLY RETARDED PERSONS SERVED IN FACILITY: TOTAL	LEVEL OF RETARDATION: BORDERLINE (68-83 IQ)	LEVEL OF RETARDATION: MILD (50-67 IQ)	LEVEL OF RETARDATION: MODERATE (35-49 IQ)	LEVEL OF RETARDATION: SEVERE (20-34 IQ)	LEVEL OF RETARDATION: PROFOUND (BELOW 20 IQ)	AGE GROUPING: 0-5 YEARS	AGE GROUPING: 6-12 YEARS	AGE GROUPING: 13-20 YEARS	AGE GROUPING: 21-44 YEARS	AGE GROUPING: 45-64 YEARS	AGE GROUPING: 65 YEARS AND OVER	SERVICES FOR RETARDED WITH OTHER HANDICAPPING CONDITIONS (CODE)
1	2a	2b	2c	3	4	5	6	7a	7b	7c	7d	7e	8a	8b	8c	8d	8e	8f	9
V	Glasgow	Valley	Opportunity Room	F	A	5	5	-	-	5	-	-	-	5	-	-	-	-	- - -
	Glendive	Dawson	Eastmont Training Center	A	B	50	50	(TO OPEN ABOUT SEPTEMBER 1, 1969)											
	Miles City Glasgow	Custer Valley	Community Mental Health Center	F	B	(CURRENTLY RECRUITING STAFF)													
			AREA TOTAL	3	3	55	55	-	-	5	-	-	-	5	-	-	-	-	- - -
																			A-4 B-3 C-5 D-4 E-6 F-6 G-6 H-1 I-1
			STATE TOTAL	17	17	3193	1522	136	339	425	329	243	100	310	399	479	170	14	J-1

SPECIAL EDUCATION CLASSES IN PUBLIC SCHOOLS

1968 - 1969

	City or Town	County	Educable	Estimated Trainable	Speech Therapy	Hard of Hearing	TOTAL
REGION I							
Dist. 1	Columbia Falls	Flathead	10				10
	Kalispell	Flathead	20	6	92		118
	Whitefish	Flathead	19				19
	Charlo	Lake	10				10
	Polson	Lake	7				7
	Ronan	Lake	17				17
	St. Ignatius	Lake	16				16
	Eureka	Lincoln	7				7
	Libby	Lincoln	26		26		52
Dist.10	Missoula	Missoula	76		120	8	204
	Frenchtown	Missoula			15		15
	Hamilton	Ravalli	14				14
	Plains	Sanders	4				4
	Thompson Falls	Sanders	7				7
			233	6	253	8	500**
REGION II							
Dist. 2	Browning	Glacier	13				13

(continued)

	City or Town	County	Educable	Estimated Trainable	Speech Therapy	Hard of Hearing	TOTAL
	Heart Butte	Pondera	5				5
	Shelby	Toole	6				6
	*Sunburst	Toole	7				7
Dist. 3	*Chinook	Blaine	9				9
	Harlem	Blaine	14				14
	*Box Elder	Hill	8				8
	Havre	Hill	26				26
Dist. 7	Great Falls	Cascade	179				179
	*Choteau	Teton	6				6
			273				273**
REGION III							
Dist. 8	Helena	Lewis&Clark	74		65		139
Dist. 9	Anaconda	Deer Lodge	30	4			34
	Dillon	Beaverhead	9				9
	Butte	Silver Bow	70	7			77
	*Phillipsburg	Granite	8		20		28
Dist.11	Bozeman	Gallatin	42	6	48		96
	*Manhattan	Gallatin			13		13
	Three Forks	Gallatin					--
			233	17	146		396**

(continued)

	City or Town	County	Educable	Estimated Trainable	Speech Therapy	Hard of Hearing	TOTAL
REGION IV							
Dist. 6	Lewistown	Fergus	14				14
Dist.12	*Roundup	Musselshell	8				8
	Livingston	Park	20				20
	Hardin	Big Horn	24				24
	*Belfry	Carbon			20		20
	*Bridger	Carbon			12		12
	Billings	Yellowstone	231	15			246
	*Broadview	Yellowstone			11		11
	Laurel	Yellowstone	26				26
	*Lockwood	Yellowstone			32		32
	*Shepherd	Yellowstone			18		18
	*Worden	Yellowstone			24		24
	*Yellowstone Boys' Ranch	Yellowstone	9				9
			332	15	117		464
REGION V							
Dist. 4	Malta	Phillips	9				9
	*Hinsdale	Valley	7				7
	Glasgow	Valley	21		55		76

(continued)

	City or Town	County	Educable	Estimated Trainable	Speech Therapy	Hard of Hearing	TOTAL
	*Nashua	Valley	8				8
	*Wolf Point	Roosevelt	18				18
Dist. 5	Glendive	Dawson	19		25		44
	*Sidney	Richland	17				17
	*Jordan	Garfield	7				7
Dist.13	*Miles City	Custer	27				27
	Baker	Fallon	9				9
			142		80		222
					STATE	TOTAL	1,855

* Schools starting since last revision.
** Including Mental Retardation.

Coding for PHS Form RSA-48-2

INVENTORY - SERVICES DATA FOR MENTALLY RETARDED PERSONS SERVED ONLY

General: This form is devised to determine the kinds of services provided for the mentally retarded in each type of facility (i.e. D & E Clinic, Day Facility, Residential Facility). It should be noted that the form is divided according to type of facility. It is important that information on each of these types be recorded separately if they exist; (a) within the same building, or (b) on the same contiguous campus. The totals of columns 3, 4a, and 5a must equal column 6 on Form RSA-48-1 for each facility.

Column Number

1. Enter name or number of planning or service area.

2. Enter the city or town, county, and name of facility. List each city or town alphabetically by county. These facilities should be in the order of those listed in Form RSA-48-1.

3. Enter the total number of mentally retarded individuals served by the diagnostic and evaluation clinic during the last 12 months for which data are available.

4. In column 4a, enter the total number of mentally retarded individuals served in the day facility during the last 12 months for which data are available.

For columns 4b through 4g enter the number of individuals receiving the specified services in the day facility during the last 12 months for which data are available. The total of columns 4b through 4g may differ from column 4a since individuals may be receiving more than one service. It is assumed that Personal Care is inherent to all Day Facilities; therefore, the figure recorded on column 4f should be the same as that recorded in column 4a.

5. In column 5a, enter the total number of mentally retarded individuals served in the residential facility during the last 12 months for which data are available. The total of columns 5b through 5g may differ from column 5a. It is assumed that Personal Care is inherent to all Residential Facilities; therefore, the figure recorded in column 5f should be the same as that recorded in column 5a.

SRS-RSA-48-2

STATE PLAN
COMMUNITY MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED
BUREAU OF THE BUDGET NO. 83-R0-118

FISCAL YEAR	STATE
1969	Montana

INVENTORY - SERVICES DATA FOR MENTALLY RETARDED PERSONS SERVED ONLY

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	DIAGNOSIS & EVALUATION CLINIC ONLY: TOTAL NUMBER SERVED	DAY FACILITY: TOTAL NUMBER SERVED	DAY FACILITY: AVERAGE DAILY CASE LOAD IN SERVICES: DIAGNOSIS & EVALUATION	TREATMENT	EDUCATION	TRAINING	PERSONAL CARE	SHELTERED WORKSHOP	RESIDENTIAL FACILITY: TOTAL NUMBER SERVED	RESIDENTIAL FACILITY: AVERAGE DAILY CASE LOAD IN SERVICES: DIAGNOSIS & EVALUATION	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	4g	5a	5b	5c	5d	5e	5f	5g
I	Missoula	Missoula	Child Development Center	75														
	Missoula	Missoula	Opportunity School		25			25		25	21							
	Missoula	Missoula	Missoula Crippled Children and Adult Rehabilitation Center	(UNDER CONSTRUCTION)														
			AREA TOTAL	75	25			25		25	21							
II	Great Falls	Cascade	Montana Rehabilitation Center		40		40	40		40								
	Great Falls	Cascade	Information and Referral Center	(25 REQUESTS RE M.R., JULY TO DECEMBER, 1968)														
			AREA TOTAL		40		40	40		40								
			STATE TOTAL									(CONTINUED)						

SRS-RSA-48-2

STATE PLAN
COMMUNITY MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED
BUREAU OF THE BUDGET NO. 83-R0-118

FISCAL YEAR	STATE
1969	Montana

INVENTORY - SERVICES DATA FOR MENTALLY RETARDED PERSONS SERVED ONLY

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	DIAGNOSIS & EVALUATION CLINIC ONLY: TOTAL NUMBER SERVED	DAY FACILITY: TOTAL NUMBER SERVED	DAY FACILITY: AVERAGE DAILY CASE LOAD IN SERVICES: DIANGOSIS & EVALUATION	TREATMENT	EDUCATION	TRAINING	PERSONAL CARE	SHELTERED WORKSHOP	RESIDENTIAL FACILITY: TOTAL NUMBER SERVED	AVERAGE DAILY CASE LOAD IN SERVICES: DIAGNOSIS & EVALUATION	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	4g	5a	5b	5c	5d	5e	5f	5g
III	Boulder	Jefferson	Boulder River School & Hospital									839	420	480	340	420	839	
	Butte	Sil.Bow	Nursery School for MR		7				7	7								
	Butte	Sil.Bow	Sheltered Workshop		21		21		21	21	21							
	Galen	Dr. Ldg.	Galen State Hospital									100					100	
	Warm Spgs.	Dr. Ldg.	Warm Springs State Hospital									170		90	8	22	170	
	Bozeman	Gallatin	M.R. Information Center		(COMMUNITY EDUCATION PROGRAM ONLY)													
			AREA TOTAL		28		21		28	28	21	1109	420	570	348	442	1109	
			STATE TOTAL									(CONTINUED)						

SRS-RSA-48-2

STATE PLAN
COMMUNITY MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED
BUREAU OF THE BUDGET NO. 83-R0-118

FISCAL YEAR	STATE
1969	Montana

INVENTORY - SERVICES DATA FOR MENTALLY RETARDED PERSONS SERVED ONLY

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	NAME OF FACILITY	DIAGNOSIS & EVALUATION CLINIC ONLY: TOTAL NUMBER SERVED	DAY FACILITY: TOTAL NUMBER SERVED	DAY FACILITY: AVERAGE DAILY CASE LOAD IN SERVICES: DIAGNOSIS & EVALUATION	TREATMENT	EDUCATION	TRAINING	PERSONAL CARE	SHELTERED WORKSHOP	RESIDENTIAL FACILITY: TOTAL NUMBER SERVED	RESIDENTIAL FACILITY: AVERAGE DAILY CASE LOAD IN SERVICES: DIAGNOSIS & EVALUATION	TREATMENT	EDUCATION	TRAINING	CUSTODIAL CARE	SHELTERED WORKSHOP
1	2a	2b	2c	3	4a	4b	4c	4d	4e	4f	4g	5a	5b	5c	5d	5e	5f	5g
IV	Billings	Yellowstone	Children's Village		5			5		5								
	Billings	Yellowstone	Montana Center for Handicapped Children	206	160	40	43	13		160								
	Billings	Yellowstone	Community Mental Health Center	(UNDER CONSTRUCTION)														
			AREA TOTAL	206	165	40	43	18		165								
V	Glasgow	Valley	Opportunity Room		5			5		5								
	Glendive	Dawson	Eastmont Training Center		18	18	18	18	18	18		32	32	32	32	32	32	
	Miles City Glasgow	Custer Valley	Community Mental Health Center	(CURRENTLY RECRUITING STAFF)														
			AREA TOTAL		23	18	18	23	18	23		32	32	32	32	32	32	
			STATE TOTAL	281	281	58	122	106	46	281	42	1141	452	602	380	474	1141	

DETERMINATION OF NEED

The President's Panel indicated that approximately 3 percent of the total population at some time in their life span discloses evidence of mental retardation. However, for statistical purposes of this Plan, the factor of 1-1/2 percent will be used for pre-school children; 2.5 percent for school age, and 1 percent for adults. These percentages are applied to the age group percentages as determined by the Division of Records and Statistics of the Montana State Department of Health and using the projected population of 738,000 in 1973, as follows:

11.5% of the population, or 84,870, are between the ages of 1 to 5 years inclusive and the potential (1-1/2%) mentally retarded segment is 1,273.

28.6% of the population, or 211,068, are between the ages of 6 to 19 years inclusive, and the potential (2.5%) mentally retarded segment is 5,277.

59.9% of the population, or 442,062, are 20 years and over, and the potential (1%) mentally retarded segment is 4,421.

The following table shows the age group distribution by region:

Region	1973 Projected Population	11.5% 1 to 5 Yrs.	28.6% 6 to 19 Yrs.	59.9% 20 Yrs. & Over
I	139,300	16,019	39,840	83,440
II	170,400	19,596	48,735	102,070
III	163,900	18,849	46,875	98,176
IV	160,200	18,423	45,817	95,960
V	104,200	11,983	29,801	62,416
TOTALS	738,000	84,870	211,068	442,062

The planning for services is based on the application of the age group factor to the population of each region and then distributing each age group of the estimated mental retardation population into four degrees of retardates as follows:

87% - Mild
10% - Moderate
3% - Severe
1% - Profound

Services are planned as follows:

RESIDENTIAL CARE for all severe and profound of all age groups, plus 20 percent of the moderates and 1-1/2 percent mild all ages, one such unit to be located in each region which will serve 40 to 500 cases.

DAY CARE for 98.5 percent of the mild and 80 percent of the moderate group for the age group 1 to 5 years inclusive, and 80 percent of the moderates, age 6 to 19 years inclusive, in facilities capable of serving 50 to 200 cases, sufficient in number to serve the region.

SHELTERED WORKSHOPS for the adult, 21 years and older, will be serviced on a ratio of one space per 1000 of the total adult population. Each region will require at least one such sheltered workshop. The planning of workshops will be coordinated with the Division of Vocational Rehabilitation of the Montana State Department of Public Instruction.

DIAGNOSTIC AND EVALUATION CLINICS serving not less than 150 cases per year are planned. New and review cases at the rate of 600 per million of total population are expected and such clinics are planned.

It is understood that there will be some overlap with regard to the various classifications and services offered.

REGION I

POPULATION ANALYSIS

DETERMINATION OF CASE LOAD AND FACILITIES REQUIRED

Total Population:	139,300	Total Mental Retardation Segment:	2071
Pre-School Population (1 to 5 incl.):	16,019	Total Mental Retardation Segment:	240
School Age Population (6 to 19 incl.):	39,840	Total Mental Retardation Segment:	996
Adult Population (20 and Over):	83,441	Total Mental Retardation Segment:	835

		1	2	3	4	Residential Care Cases	Day Care Cases	Sheltered Workshop	D & E Clinic Cases
Line	Segment	Mild	Moderate	Severe	Profound	Columns 3-4 Line A-B-C	Col. 1-2 Line A Col. 2 Line B	1/1000 Adult Population	600 Per Million Total Population
A	Pre-School	(3) 209	(5) 24	5	2	15	225		
B	School Age	(13) 866	(20) 100	20	10	63	80		
C	Adults	(11) 727	(17) 84	16	8	52		83	
	TOTALS	(27) 1802	(42) 208	41	20	130	305	83	84

FACILITIES REQUIRED: Residential Care (Unit for each 40 to 500 Cases) 1

Day care (Unit for each serving 40 to 200 Cases) 2

Sheltered Workshop (One space per 1000 total adult population) 1

Diagnostic and Evaluation Clinic Cases 84

REGION II

POPULATION ANALYSIS

DETERMINATION OF CASE LOAD AND FACILITIES REQUIRED

Total Population:	170,400	Total Mental Retardation Segment:	2,533
Pre-School Population (1 to 5 incl.):	19,596	Total Mental Retardation Segment:	294
School Age Population (6 to 19 incl.):	48,734	Total Mental Retardation Segment:	1,218
Adult Population (20 and Over):	102,070	Total Mental Retardation Segment:	1,021

		1	2	3	4	Residential Care Cases	Day Care Cases	Sheltered Workshop	D & E Clinic Cases
Line	Segment	Mild	Moderate	Severe	Profound	Columns 3-4 Line A-B-C	Col. 1-2 Line A Col. 2 Line B	1/1000 Adult Population	600 Per Million Total Population
A	Pre-School	(4) 256	(6) 29	6	3	19	275		
B	School Age	(16) 1060	(24) 122	25	12	77	98		
C	Adults	(13) 888	(20) 102	20	10	63			
	TOTALS	2204	253	51	25	159	373	102	102

FACILITIES REQUIRED: Residential Care (Unit for each 40 to 500 Cases) 1

Day care (Unit for each serving 40 to 200 Cases) 2

Sheltered Workshop (One space per 1000 total adult population) 1

Diagnostic and Evaluation Clinic Cases 102

REGION III

POPULATION ANALYSIS

DETERMINATION OF CASE LOAD AND FACILITIES REQUIRED

Total Population:	163,900	Total Mental Retardation Segment:	2,437
Pre-School Population (1 to 5 incl.):	18,849	Total Mental Retardation Segment:	283
School Age Population (6 to 19 incl.):	46,875	Total Mental Retardation Segment:	1,172
Adult Population (20 and Over):	98,176	Total Mental Retardation Segment:	982

		1	2	3	4	Residential Care Cases	Day Care Cases	Sheltered Workshop	D & E Clinic Cases
Line	Segment	Mild	Moderate	Severe	Profound	Columns 3-4 Line A-B-C	Col. 1-2 Line A Col. 2 Line B	1/1000 Adult Population	600 Per Million Total Population
A	Pre-School	(4) 246	(6) 28	6	3	19	264		
B	School Age	(15) 1020	(23) 117	27	8	73	94		
C	Adults	(13) 854	(20) 98	20	10	63		98	
	TOTALS	2120	243	53	21	155	358	98	98

FACILITIES REQUIRED: Residential Care (Unit for each 40 to 500 Cases) 1

Day care (Unit for each serving 40 to 200 Cases) 2

Sheltered Workshop (One space per 1000 total adult population) 1

Diagnostic and Evaluation Clinic Cases 98

REGION IV

POPULATION ANALYSIS

DETERMINATION OF CASE LOAD AND FACILITIES REQUIRED

Total Population:	160,200	Total Mental Retardation Segment:	2,381
Pre-School Population (1 to 5 incl.):	18,423	Total Mental Retardation Segment:	276
School Age Population (6 to 19 incl.):	45,817	Total Mental Retardation Segment:	1,145
Adult Population (20 and Over):	95,960	Total Mental Retardation Segment:	960

		1	2	3	4	Residential Care Cases	Day Care Cases	Sheltered Workshop	D & E Clinic Cases
Line	Segment	Mild	Moderate	Severe	Profound	Columns 3-4 Line A-B-C	Col. 1-2 Line A Col. 2 Line B	1/1000 Adult Population	600 Per Million Total Population
A	Pre-School	(4) 240	(6) 28	5	3	18	258		
B	School Age	(15) 996	(23) 115	22	11	71	92		
C	Adults	(13) 835	(19) 96	20	10	62		96	
	TOTALS	2071	239	47	24	151	350	96	96

FACILITIES REQUIRED:

Residential Care (Unit for each 40 to 500 Cases) 1

Day care (Unit for each serving 40 to 200 Cases) 2

Sheltered Workshop (One space per 1000 total adult population) 1

Diagnostic and Evaluation Clinic Cases 96

REGION V

POPULATION ANALYSIS

DETERMINATION OF CASE LOAD AND FACILITIES REQUIRED

Total Population:	104,200	Total Mental Retardation Segment:	1,549
Pre-School Population (1 to 5 incl.):	11,983	Total Mental Retardation Segment:	180
School Age Population (6 to 19 incl.):	29,801	Total Mental Retardation Segment:	745
Adult Population (20 and Over):	62,416	Total Mental Retardation Segment:	624

		1	2	3	4	Residential Care Cases	Day Care Cases	Sheltered Workshop	D & E Clinic Cases
Line	Segment	Mild	Moderate	Severe	Profound	Columns 3-4 Line A-B-C	Col. 1-2 Line A Col. 2 Line B	1/1000 Adult Population	600 Per Million Total Population
A	Pre-School	(2) 157	(4) 18	3	2	11	169		
B	School Age	(10) 648	(15) 75	15	7	47	60		
C	Adults	(8) 543	(12) 62	13	6	39		62	
	TOTALS	1348	155	31	15	97	229	62	63

FACILITIES REQUIRED: Residential Care (Unit for each 40 to 500 Cases) 1

Day care (Unit for each serving 40 to 200 Cases) 2

Sheltered Workshop (One space per 1000 total adult population) 1

Diagnostic and Evaluation Clinic Cases 63

Coding for PHS Form RSA-48-3

PROGRAMMING DATA REPORT

General: Information should be recorded by city or town, for additional facilities and services programmed within a four-year period. Thus, the data will be grouped so as to reveal the total mental retardation construction program within a particular city or town.

Column Number

1. Enter name or number of planning or service area.

2. Enter the name of the city or town in column 2a and county in column 2b for which there are programmed facilities.

3a. Enter type of facility programmed. Each programmed facility in each city or town must be entered separately. Use the following code:

A - D & E Clinic, Day Facility, Residential Facility
B - D & E Clinic, Day Facility
C - D & E Clinic, Residential Facility
D - Day Facility, Residential Facility
E - Diagnostic and Evaluation Clinic only
F - Day Facility only
G - Residential Facility only

3b. Enter type of construction proposed (or combination of types) for each facility listed in 3a using the following code:

1 - New
2 - Addition
3 - Remodeling
4 - Replacement
5 - Purchase of Existing Building

4a-f. Check each specified service to be provided in programmed facility.

5a-e. Check each specified level of mental retardation to be served in programmed facility.

6a-f. Check each specified age group to be served in programmed facility.

7. Enter total number of additional mentally retarded individuals to be served in programmed facility.

8. Enter total number of individuals to be served in programmed facility.

Column Number

9. Enter type of other handicapping condition for which the mentally retarded will receive definitive, structured services, using the following code:

A - Hearing impairment
B - Visual Impairment
C - Speech impairment
D - Language impairment
E - Convulsive disorder
F - Motor impairment
G - Behavior disorder
H - Other; Describe specific handicapping condition(s) on separate sheet or footnote.

SRS-RSA-48-3

COMMUNITY MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED
BUREAU OF THE BUDGET NO. 83-R0-118

FISCAL YEAR	STATE
1969	Montana

PROGRAMMING DATA REPORT

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	TYPE OF FACILITY (CODE)	TYPE OF CONSTRUCTION (CODE)	SERVICES TO BE OFFERED (Check): DIAGNOSIS & EVALUATION	TREATMENT	EDUCATION	TRAINING	PERSONAL CARE	SHELTERED WORKSHOP	LEVEL OF RETARDATION TO BE SERVED (Check): BORDERLINE (68-83 IQ)	MILD (50-67 IQ)	MODERATE (35-49 IQ)	SEVERE (20-34 IQ)	PROFOUND (BELOW 20 IQ)	AGE GROUPING TO BE SERVED (Check): 0-5 YEARS	6-12 YEARS	13-20 YEARS	21-44 YEARS	45-64 YEARS	65 YEARS AND OVER	TOTAL NUMBER OF ADDITIONAL MENTALLY RETARDED INDIVIDUALS TO BE SERVED	TOTAL NUMBER OF INDIVIDUALS TO BE SERVED	SERVICES FOR OTHER HANDICAPPING CONDITIONS TO BE PROVIDED FOR THE MENTALLY RETARDED (CODE)
1	2a	2b	3a	3b	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	6a	6b	6c	6d	6e	6f	7	8	9
I	Missoula	Missoula	D	1		X	X	X	X	X	X	X	X	X		X	X	X	X	X		200	200	ABCDEFG
	Kalispell	Flathead	F	1			X	X	X		X	X	X			X	X	X				40	40	ABCD
	AREA TOTAL		2	2																		240	240	A-2 B-2 C-2 D-2 E-1 F-1 G-1
	STATE TOTAL																					(CONTINUED)		

SRS-RSA-48-3

COMMUNITY MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED
BUREAU OF THE BUDGET NO. 83-R0-118

FISCAL YEAR	STATE
1969	Montana

PROGRAMMING DATA REPORT

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	TYPE OF FACILITY (CODE)	TYPE OF CONSTRUCTION (CODE)	SERVICES TO BE OFFERED (Check): DIAGNOSIS & EVALUATION	TREATMENT	EDUCATION	TRAINING	PERSONAL CARE	SHELTERED WORKSHOP	LEVEL OF RETARDATION TO BE SERVED (Check): BORDERLINE (68-83 IQ)	MILD (50-67 IQ)	MODERATE (35-49 IQ)	SEVERE (20-34 IQ)	PROFOUND (BELOW 20 IQ)	AGE GROUPING TO BE SERVED (Check): 0-5 YEARS	6-12 YEARS	13-20 YEARS	21-44 YEARS	45-64 YEARS	65 YEARS AND OVER	TOTAL NUMBER OF ADDITIONAL MENTALLY RETARDED INDIVIDUALS TO BE SERVED	TOTAL NUMBER OF INDIVIDUALS TO BE SERVED	SERVICES FOR OTHER HANDICAPPING CONDITIONS TO BE PROVIDED FOR THE MENTALLY RETARDED (CODE)
1	2a	2b	3a	3b	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	6a	6b	6c	6d	6e	6f	7	8	9
II	Great Falls	Cascade	A	1	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	200	200	ABCDEFG
	Havre	Hill	F	1			X	X	X		X	X	X			X	X	X	X			40	40	ABCD
	Shelby	Toole	F	1			X	X	X		X	X	X			X	X	X	X			40	40	ABCD
	AREA TOTAL		3	3																		280	280	A-3 B-3 C-3 D-3 E-1 F-1 G-1
	STATE TOTAL																							

(CONTINUED)

SRS-RSA-48-3

COMMUNITY MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED
BUREAU OF THE BUDGET NO. 83-R0-118

FISCAL YEAR	STATE
1969	Montana

PROGRAMMING DATA REPORT

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	TYPE OF FACILITY (CODE)	TYPE OF CONSTRUCTION (CODE)	SERVICES TO BE OFFERED (Check): DIAGNOSIS & EVALUATION	TREATMENT	EDUCATION	TRAINING	PERSONAL CARE	SHELTERED WORKSHOP	LEVEL OF RETARDATION TO BE SERVED (Check): BORDERLINE (68-83 IQ)	MILD (50-67 IQ)	MODERATE (35-49 IQ)	SEVERE (20-34 IQ)	PROFOUND (BELOW 20 IQ)	AGE GROUPING TO BE SERVED (Check): 0-5 YEARS	6-12 YEARS	13-20 YEARS	21-44 YEARS	45-64 YEARS	65 YEARS AND OVER	TOTAL NUMBER OF ADDITIONAL MENTALLY RETARDED INDIVIDUALS TO BE SERVED	TOTAL NUMBER OF INDIVIDUALS TO BE SERVED	SERVICES FOR OTHER HANDICAPPING CONDITIONS TO BE PROVIDED FOR THE MENTALLY RETARDED (CODE)
1	2a	2b	3a	3b	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	6a	6b	6c	6d	6e	6f	7	8	9
III	Bozeman	Gallatin	F	1		X	X	X	X		X	X	X			X	X	X				40	40	ABCD
-69-	Butte	Sil. Bow	F	1		X	X	X	X	X	X	X	X	X		X	X	X	X			100	100	ABCD
	Helena	Lew & Cl	F	1		X	X	X	X		X	X	X			X	X	X	X			40	40	ABCD
	AREA TOTAL		3	3																		180	180	A-3 B-3 C-3 D-3
	STATE TOTAL																					(CONTINUED)		

SRS-RSA-48-3

COMMUNITY MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED
BUREAU OF THE BUDGET NO. 83-R0-118

FISCAL YEAR	STATE
1969	Montana

PROGRAMMING DATA REPORT

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	TYPE OF FACILITY (CODE)	TYPE OF CONSTRUCTION (CODE)	SERVICES TO BE OFFERED (Check): DIAGNOSIS & EVALUATION	TREATMENT	EDUCATION	TRAINING	PERSONAL CARE	SHELTERED WORKSHOP	LEVEL OF RETARDATION TO BE SERVED (Check): BORDERLINE (68-83 IQ)	MILD (50-67 IQ)	MODERATE (35-49 IQ)	SEVERE (20-34 IQ)	PROFOUND (BELOW 20 IQ)	AGE GROUPING TO BE SERVED (Check): 0-5 YEARS	6-12 YEARS	13-20 YEARS	21-44 YEARS	45-64 YEARS	65 YEARS AND OVER	TOTAL NUMBER OF ADDITIONAL MENTALLY RETARDED INDIVIDUALS TO BE SERVED	TOTAL NUMBER OF INDIVIDUALS TO BE SERVED	SERVICES FOR OTHER HANDICAPPING CONDITIONS TO BE PROVIDED FOR THE MENTALLY RETARDED (CODE)
1	2a	2b	3a	3b	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	6a	6b	6c	6d	6e	6f	7	8	9
IV	Billings	Yellow-stone	D	1		X	X	X	X	X	X	X	X	X		X	X	X	X			200	200	ABCDEFG
-09-	Lewistown	Fergus	F	1		X	X	X	X		X	X	X			X	X	X				40	40	ABCD
	AREA TOTAL		2	2																		240	240	A-2 B-2 C-2 D-2 E-1 F-1 G-1
	STATE TOTAL																					(CONTINUED)		

SRS-RSA-48-3

COMMUNITY MENTAL RETARDATION FACILITIES CONSTRUCTION PROGRAM

FORM APPROVED
BUREAU OF THE BUDGET NO. 83-R0-118

FISCAL YEAR	STATE
1969	Montana

PROGRAMMING DATA REPORT

AREA	LOCATION: CITY OR TOWN	LOCATION: COUNTY	TYPE OF FACILITY (CODE)	TYPE OF CONSTRUCTION (CODE)	SERVICES TO BE OFFERED (Check): DIAGNOSIS & EVALUATION	TREATMENT	EDUCATION	TRAINING	PERSONAL CARE	SHELTERED WORKSHOP	LEVEL OF RETARDATION TO BE SERVED (Check): BORDERLINE (68-83 IQ)	MILD (50-67 IQ)	MODERATE (35-49 IQ)	SEVERE (20-34 IQ)	PROFOUND (BELOW 20 IQ)	AGE GROUPING TO BE SERVED (Check): 0-5 YEARS	6-12 YEARS	13-20 YEARS	21-44 YEARS	45-64 YEARS	65 YEARS AND OVER	TOTAL NUMBER OF ADDITIONAL MENTALLY RETARDED INDIVIDUALS TO BE SERVED	TOTAL NUMBER OF INDIVIDUALS TO BE SERVED	SERVICES FOR OTHER HANDICAPPING CONDITIONS TO BE PROVIDED FOR THE MENTALLY RETARDED (CODE)
1	2a	2b	3a	3b	4a	4b	4c	4d	4e	4f	5a	5b	5c	5d	5e	6a	6b	6c	6d	6e	6f	7	8	9
V	Glasgow	Valley	F	1			X	X	X		X	X	X			X	X	X	X			40	40	ABCD
-19-	Miles City	Custer	F	1			X	X	X		X	X	X			X	X	X	X			40	40	ABCD
	AREA TOTAL		2	2																		80	80	A-2 B-2 C-2 D-2
																								A-12 B-12 C-12 D-12 E-3 F-3
	STATE TOTAL		12	12																		1020	1020	G-3

EXISTING AND PROGRAMMED FACILITIES

The State-wide and Community Mental Health Planning Committee in developing the comprehensive mental health plan originally divided the State into three (3) regions and thirteen (13) districts. These regions and districts, for the sake of uniformity of planning, were also used in developing the comprehensive state plan for the mentally retarded. The regions developed and shown in the comprehensive state mental health plan did not meet the population requirements of the Federal Act and, therefore, in the development of the Montana State Plan for Community Mental Health Centers Construction, the State was divided into five (5) regions. These regions are very similar to those used in the Montana State Plan for Hospital and Medical Facilities Construction.

The State Board of Health adopted the recommendation of the Advisory Council that the geographical regions of the State Plan for Construction of Mental Retardation Facilities conform with those of the State Plan for Community Mental Health Centers. The map, "Mental Retardation Regions, and Districts," page 63, shows the districts in relation to the regions. The comprehensive mental retardation planners, in implementing the recommendations outlined in the comprehensive mental retardation plan, are still planning on the basis of the thirteen (13) districts. The districts as shown in "Special Education Classes in Public Schools," pages 40 through 43 and elsewhere in this plan refer to the districts as shown on the map, page 63.

REGION I

1. Existing Facilities

The Child Development Center at Missoula provides diagnostic and evaluation clinic services. The Opportunity School and Mental Hygiene Clinic at Missoula offer limited services to the mentally retarded. The University of Montana, also in Missoula, offers many resources for the retarded. A vocational rehabilitation office in Missoula provides the usual vocational rehabilitation services. The Missoula Crippled Children and Adults Rehabilitation Center is now under construction and should be operating in its new facility by September 1, 1969.

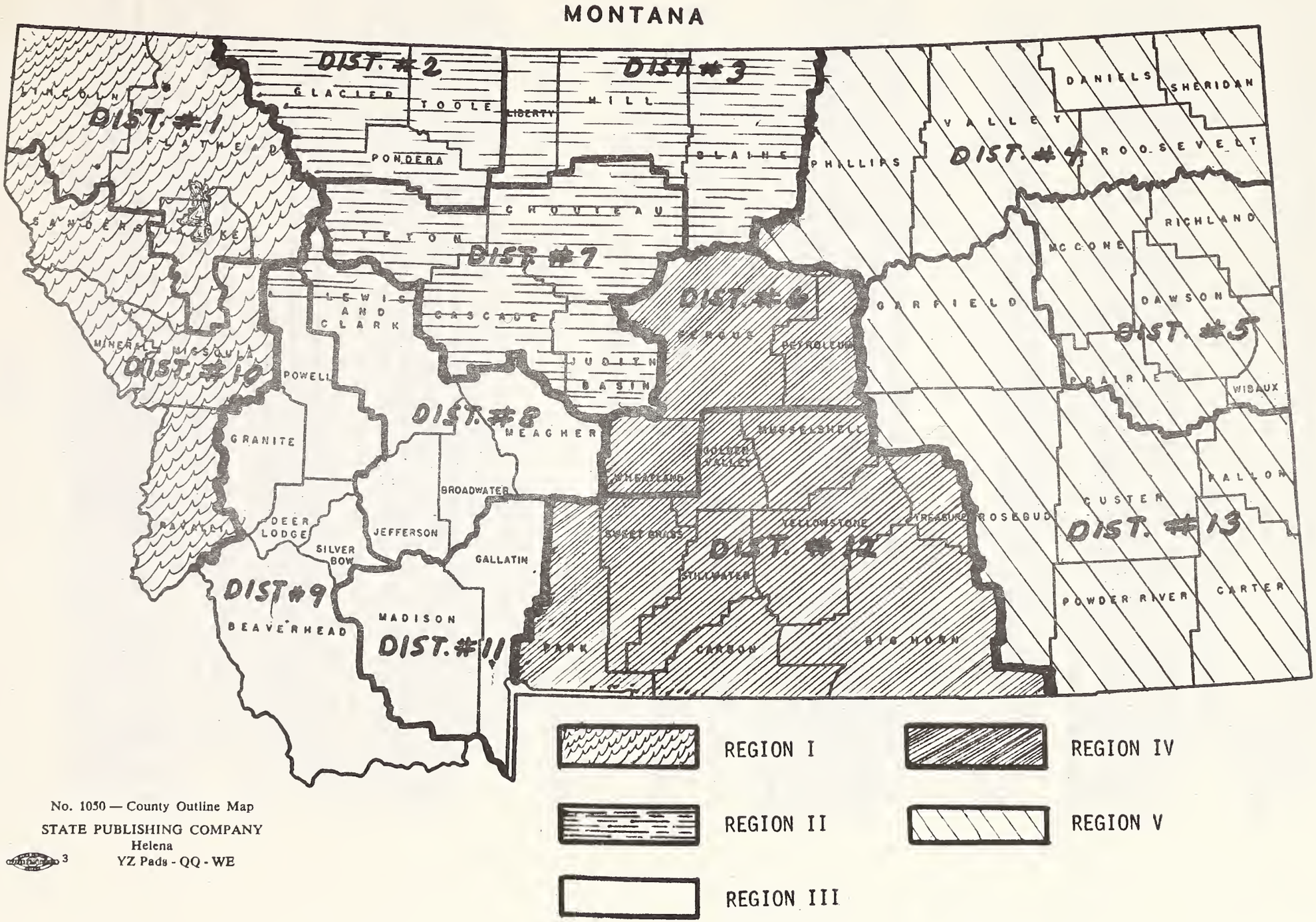
2. Generic Services

The Missoula City-County Health Department at Missoula, serves a portion of the region, while the Missoula Mental Hygiene Clinic serves the region. Visiting nurse services are available in some counties. Special education classes are available in all counties except Mineral County. All counties have organized departments of public welfare. Hospital and Medical Facilities are described on page 22.

3. Programmed Facilities

A. Missoula is the planned location for a comprehensive mental retardation facility, This is to serve all levels of retardation, except probably the profound who will be cared for at Boulder River School and Hospital at Boulder.

MENTAL RETARDATION REGIONS AND DISTRICTS



No. 1050 — County Outline Map
STATE PUBLISHING COMPANY
Helena
YZ Pads - QQ - WE

B. Kalispell is the planned location for a day care facility.

REGION II

1. Existing Facilities

The Information and Referral Center at Great Falls determines and evaluates present services for the mentally retarded, which will eventually lead to the development of further needed services. The Montana Rehabilitation Center, Great Falls, provides services and classes for educable retarded children.

Other facilities in the region which serve mentally retarded individuals include the Mental Hygiene Clinic and the Vocational Rehabilitation Office at Great Falls.

2. Generic Services

There is a City-County Health Department at Great Falls which serves Cascade County. Visiting nurse services are available in some counties. All counties have organized departments of public welfare. Special education classes are available in all counties except Liberty, Chouteau, and Judith Basin Counties. Hospital and Medical Facilities are available as described on page 23.

3. Programmed Facilities

A. Great Falls is the planned location of a comprehensive mental retardation facility.

B. Havre and Shelby are planned locations for day care facilities.

REGION III

1. Existing Facilities

The Boulder River School and Hospital at Boulder provides comprehensive services for the mentally retarded on a state-wide basis. This facility at present serves 839 retarded persons. It is planned to keep the Boulder facility at a size to accommodate approximately 900 persons and to construct additional facilities in other areas of the State. As additional facilities and services for the retarded are constructed and provided in other areas of the State, this will serve Region III and also serve for the referral of more severe retardates from the other regions. It is planned that after the necessary evaluation and treatment has been completed, these will be returned to their respective communities.

The Warm Springs State Hospital at Warm Springs serves some mentally retarded persons. Upon completion of construction of the non-ambulatory residential unit at Boulder, approximately 150 of these will be transferred from Warm Springs to Boulder. The Galen State Hospital at Galen provides custodial care for 100 adult retardates who have been transferred from Boulder. At Butte, the Nursery School for Mentally Retarded and the Sheltered Workshop serve a limited number of retarded persons.

The Mental Retardation Information Center at Bozeman has, as its main purpose, education of the community concerning mental retardation and the needs of the mentally retarded. An extensive community education program is being carried out. Many volunteers have been brought into the program and assist in providing services to the mentally retarded. A teenage group has been organized and is sponsoring a recreation program for the mentally retarded. A library has been provided for use by interested lay and professional persons including parents of the retarded. Work is being done with students of Montana State University who may be parents of the retarded and with students who have volunteered to work with the mentally retarded.

The Mental Hygiene Clinic at Helena serves the mentally retarded to a limited extent. The State Office of Vocational Rehabilitation, located in Helena, serves this region.

2. Generic Services

Organized Health Departments are located in Bozeman, Butte, and Helena. Special education classes are available in Lewis & Clark, Deer Lodge, Silver Bow, Granite, Beaverhead, and Gallatin Counties. All counties have organized departments of public welfare. Hospital and medical facilities serving this region are outlined on page 24.

3. Programmed Facilities

A. Day care facilities are planned at Bozeman, Butte, and Helena.

B. The Boulder River School and Hospital will provide all other services for this region.

REGION IV

1. Existing Facilities

The Children's Village at Lewistown provides day care services for pre-school age children. The Montana Center for Handicapped Children, located on the campus of Eastern Montana College, provides day care services for some retarded children. This facility also serves for the teaching of students in the Department of Special Education and Guidance of the college. This facility also provides some diagnostic and evaluation services.

The Mental Hygiene Clinic provides limited services for the mentally retarded. A Mental Hygiene Center is being provided at Billings which will serve the entire region and provide more comprehensive services throughout the region. A Vocational Rehabilitation Office is also located at Billings which provides the usual vocational rehabilitation services.

2. Generic Services

The City of Billings and Yellowstone County have a part-time health officer with some public health services including public health nursing services. Special education classes are available in Fergus, Park, Big

Horn, Musselshell, and Yellowstone Counties. All counties have organized departments of public welfare. Hospital and medical facilities available in the region are described on page 25.

3. Programmed Facilities

A. Billings is the planned location for a comprehensive mental retardation facility. The planning for this should be coordinated with that of the Montana Center for Handicapped Children, which is currently planning for the construction of a new center.

B. Lewistown is the planned location for a day care facility.

C. Billings is the planned location for a sheltered workshop and the planning for this is to be coordinated with the Division of Vocational Rehabilitation.

REGION V

1. Existing Facilities

The Eastern Montana Facility for the Mentally Retarded is expected to open and receive patients about November 1, 1969. This provides two residential cottages for 32 retardates and special education facilities. This facility will provide education and training to moderately retarded and some mild retardates that are not able to attend other special education classes. Day services will be provided to the retarded who can be transported during the day. Students will attend special education classes during the day in the public schools where available. Students will live at the facility Monday through Friday and go home on the weekends when possible. The Opportunity Room at Glasgow provides limited services for moderately retarded school-age children.

A Vocational Rehabilitation Office at Miles City provides the usual vocational rehabilitation services.

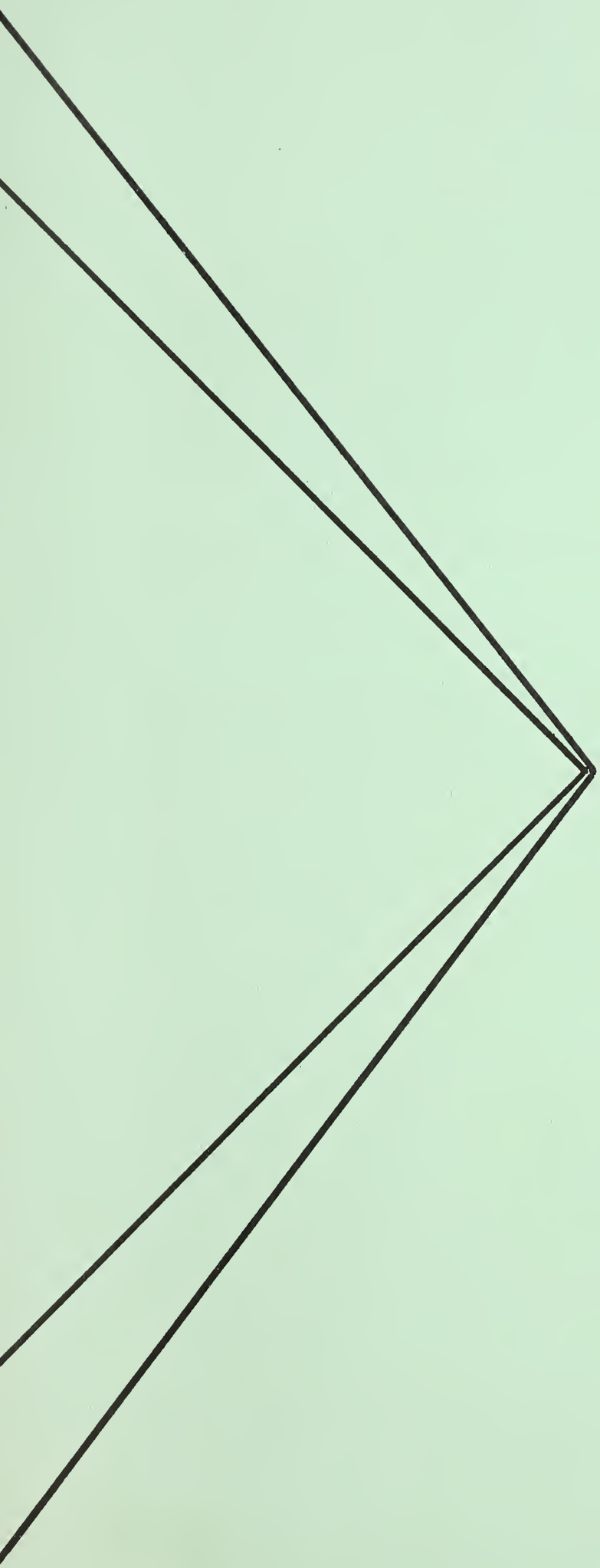
2. Generic Services

The public health services in this region are somewhat limited. Special education classes are provided in Phillips, Valley, Dawson, Roosevelt, Richland, Garfield, Custer, and Fallon Counties. All counties have departments of public welfare. The hospital and medical facilities available in this region are described on page 26.

3. Programmed Facilities

A. Glasgow and Miles City are the planned locations for day care facilities. A Community Mental Health Center has been established in these two cities.

B. A sheltered workshop is programmed for the region with the planning to be coordinated with the Division of Vocational Rehabilitation and with the location to be determined in the future.



CHAPTER VII

PRIORITIES AMONG REGIONS

CHAPTER VII

PRIORITIES AMONG REGIONS

It is required that the State Plan show the ranking of service areas according to their relative need for Federal assistance to construct additional facilities for the mentally retarded. "Relative need" refers to the degree to which mental retardation needs of an area are unanswered by the existing resources. In developing this ranking, consideration must be given quantitative and qualitative data. Quantitative information concerning the availability of services and facilities and the number of persons using existing services as well as the subjective factors effecting the need for additional facilities must be evaluated.

The quantitative factors used are population characteristics, socio economic characteristics, mental retardation resources, and social problem indicators.

1. Population Characteristics

(a) Population density per square mile. Information regarding the land area in square miles for each Montana county was obtained from Table 6 of the Montana Volume of the 1960 Federal Census. (Estimates of county populations are from the Bureau of Census projection for July 1, 1973.) Population density was computed by dividing the estimated population of the county by the land area in square miles. In computing the mean population density for mental retardation regions, a weighted average was used. This involved multiplying the population density for each county by the land area of the county. The sum of the county products was then divided by the total land area in square miles for the region. This was done so that the population density for both large and small counties would be properly represented in the average. The regional population densities were then ranked; the highest density was given a rank of 1, indicating the greatest need.

(b) Dependency ratio. The dependency ratio is the sum of the population under 15 and over 64 divided by the number of people aged 15 through 64. (Estimates of county population are from the Bureau of Census projection for July 1, 1973). The ratio was calculated for each county. Regional dependency ratios were calculated by weighting the dependency ratio by the population aged 15 through 64 for each county. The weighting was accomplished by multiplying the dependency ratio for each county by the county population aged 15 through 64. The sum of these products for all counties in a region was divided by the total population aged 15 through 64 for the region. Regional mental retardation dependency ratios were ordered with the highest value given the rank of 1, indicating the greatest need.

(c) Population per household. The average number of persons living in each household for each county was obtained from Sales Management, June 10, 1967. The average number of households per mental retardation region was obtained by weighting county data. This was done by

multiplying the population per household for each county by the number of households in the county. The sum of the county products for each region was divided by the total number of households in the region. The populations per household for mental retardation regions were ordered with the highest value given the rank of 1, indicating the greatest need.

2. Socio Economic Characteristics

(a) Median family income. The median family income was obtained for each county in each region from Sales Management, June 10, 1967. Regional median incomes were computed by weighting the median incomes for each county by the county population. The weighting procedure used is similar to that employed in weighting the variables under population characteristics. The lowest value indicates the greatest need.

(b) Percent of families with income over $3,000. Information regarding this variable was also obtained from Sales Management, June 10, 1967. The percentage was obtained by summing the number of families with incomes under $3,000 and dividing this by the total number of families in the county. The quotient was then multiplied by 100. Regional values were obtained by wieghting county values by the number of families. The weighting procedure used followed that explained above. This variable was ranked so that the region with the lowest value was assigned rank 1.

(c) Median education level of adults 25 years and older. This variable was from the 1960 Census Report. Since the median education for all persons 25 years of age and over is not given for each county, it was necessary to compute this value. This was done by multiplying the number of males in this age group. To this was added the median school years completed for females multiplied by the number of females 25 years of age and over. The sum of these products for both sexes in each county was divided by the total number of persons 25 years of age and over in the county. This procedure was employed in order to assure that the median school years completed for each county properly reflected the sex distribution of the county.

The median school years completed for each region was calculated by weighting the median school years completed for each county by the number of persons 25 years of age and over in the county. This variable was ranked so that the low value received 1, indicating greatest need.

3. Mental Retardation Resources.

(a) The Boulder River School and Hospital at Boulder, serves on a statewide basis. This variable takes into account the number of mentally retarded persons in each region receiving some services and reflects the percentage of need met in providing services. This is determined by dividing the number of persons in the region receiving services by the mental retardation segment in the region and multiplying by 100. These percentages were then ranked with the lowest percentage receiving the rank of 1.

4. Social Problem Indicators

(a) Relief or welfare recipients. The number of welfare recipients in each county was obtained from the "Statistical Report" of the Montana Department of Public Welfare. Data used was for the month of November, 1968. The sum of the number of welfare recipients was divided by the estimated population for each county multiplied by 1,000 to obtain a rate per 1,000 population. These rates were weighted by total county population in obtaining average rates for mental retardation regions. The weighting procedure used was similar to that explained previously. The highest value was ranked 1, indicating greatest need.

(b) Infant mortality. Infant mortality rates for 1968 for Montana counties were obtained from the Division of Records and Statistics of the Department of Health. The infant mortality rate is the number of deaths under one year of age divided by the number of live births during the same period. This quotient is multiplied by 1,000. This gives the number of infant deaths per 1,000 live births. To obtain infant death rates for mental retardation regions, the county infant death rates were weighted by number of live births during the period. The highest infant death rate was ranked 1, indicating greatest need.

The qualitative factors used and the ranking is shown on page 74.

The statistical data applied to the variables and the ranking of variables appear in the pages that follow.

POPULATION CHARACTERISTICS

Region	Density per Square Mile		Dependency Ratio Population Aged 15 + 64 & Over / Aged 15 to 64			(c) Population Per Household		Rank for Category	
								Sum of Rank	Rank of Sums
	Rate	Rank	Numbers	Rate	Rank	Median	Rank		
I	7.18	1	45,969 + 14,980 / 78,351	0.77	1	3.23	5	7	1
II	6.45	2	56,232 + 12,650 / 101,518	0.67	4	3.37	2	8	2
III	6.34	3	54,087 + 16,380 / 93,433	0.75	2	3.24	4	9	3
IV	5.84	4	52,866 + 14,780 / 92,554	0.73	3	3.28	3	10	4
V	2.21	5	34,386 + 11,210 / 58,604	0.77	1	3.43	1	7	1

SOCIO ECONOMIC CHARACTERISTICS

Region	Per Capita Income		Median Family Income		Median Education Level, Adults, 25 Yrs. & Over		Families with Income Over $3,000		Rank for Category	
	Rate	Rank	Rate	Rank	Rate	Rank	Percent	Rank	Rank of Sums	Sum of Ranks
I	$2,166	3	$7,343	1	11.3	2.5	75.35	2	8.5	2
II	2,394	5	8,463	5	11.7	5	77.10	5	20.0	5
III	2,222	4	7,907	3	11.3	2.5	75.51	3	12.5	3
IV	2,119	2	8,138	4	11.5	4	76.91	4	14.0	4
V	1,887	1	7,632	2	10.5	1	72.14	1	5.0	1
STATE	$2,304		$7,621		11.26		75.40			

MENTAL RETARDATION RESOURCES

Region	Retardation Segment	Retardates Served No.	Percent Need Met	Rank
I	2,071	158	7.62	3
II	2,533	178	7.02	1
III	2,437	179	7.34	2
IV	2,381	194	8.14	4
V	1,549	130	8.39	5

SOCIAL PROBLEM INDICATORS

Region	Welfare Recipients Rate per 1,000		Infant Mortality Rate per 1,000		Retarded		Rank for Category	
	Rate	Rank	Rate	Rank	Number	Rank	Sum of Rank	Rank of Sums
I	30.0	3	25.9	1	2,071	4	8	2
II	36.5	1	16.6	4	2,533	1	6	1
III	16.5	5	20.5	2	2,437	2	9	3
IV	28.5	4	17.1	3	2,381	3	10	4
V	34.8	2	15.8	5	1,549	5	12	5

QUALITATIVE FACTORS

A. Realistic availability of generic community services, such as health, education, and welfare activities for the retarded.
B. Need for specific specialized services.
C. Potential availability of community support for specialized facilities for the retarded.
D. Potential quality of programs to be provided.
E. Extent to which facilities will permit the mentally retarded to live in own community.

Region	Factor A Rank	Factor B Rank	Factor C Rank	Factor D Rank	Factor E Rank	Rank for Category	
						Sum of Rank	Rank of Sums
I	2	2	1	2	2	9	2
II	1	1	2	1	1	6	1
III	3	3	3	3	4	16	3
IV	4	4	4	4	3	19	4
V	5	5	5	5	5	25	5

NOTE: Rank range of 1 to 5 used. Lowest rank indicates highest priority and/or need.

PRIORITY SYSTEM SUMMARY

Region	Population Characteristics	Socio Economic Characteristics	M.R. Resources	Social Problem Indicators	Qualitative Factors	Sum of Ranks	Final Rank
I	2	2	3	2	2	11	1.5
II	3	5	1	1	1	11	1.5
III	4	3	2	3	3	15	3
IV	5	4	4	4	4	21	5
V	1	1	5	5	5	17	4

With the priority for projects based on the ranking of relative need, applications for project construction will be approved as follows:

Region II, Northern	1.5
Region V, Eastern	4
Region III, Southwestern	3
Region IV, Southern	5
Region I, Northwestern	1.5

Projects within each region shall be considered in the order of importance as follows:

(a) Facilities which alone or in conjunction with other existing facilities provide comprehensive services for a particular community or communities.

(b) Facilities which alone or in conjunction with other existing facilities provide multiple but less than comprehensive services for a particular community or communities.

(c) Facilities which provide a single service for a particular community or communities.

In the event that no applications are received from the highest priority region, applications from lower priority regions will be considered for construction in the order of the priority ranking.

CHAPTER VIII

METHODS OF ADMINISTRATION

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Preparation and Publication of the State Plan

1. The cut-off date for statistics for the bases of the State Plan preparation and modification shall be April 1 of each calendar year.

2. The State Plan shall be developed in consultation with other State Agencies concerned with Education, Employment, Welfare, and Rehabilitation.

3. The State Plan will be written, reviewed by the Hospital and Long-Term Care Facility Advisory Council, and approved by the State Board of Health. A general description of the provisions included in the Plan will be published and a reasonable notice of a public hearing will be given, at which interested persons or organizations will be given an opportunity to be heard. The public hearing will be scheduled in conjunction with the Advisory Council meeting. The State Plan will be available for public examination for a period of at least 30 days.

4. The State Board of Health shall take steps to insure publication of a general description of the State Plan in newspapers of general circulation throughout the State.

5. The State Plan shall be submitted to the Surgeon General for review and approval prior to July 1 of each year.

6. After approval of the State Plan by the Surgeon General, it shall be made available to those who would desire a copy.

Criteria for Allocation of Funds

Criteria which will govern the allocation of funds available under P.L. 88-164 are as follows:

1. The applicant must show by narrative program that the proposed facility will comprehend the full gamut of services required under Section 54.104 of Part 54, PHS Regulations for Grants for Construction of Facilities for the Mentally Retarded.

   a. This shall be interpreted to mean that, provided the master plan has been developed, the construction of the facility may be accomplished in phases. The first phase of construction, in all cases, shall be the facility to accommodate diagnostic and treatment services, unless of course, a local, existing, suitable facility is available. The

second phase of construction shall be that necessary to accommodate the service or services of greatest need as determined by diagnosis and evaluation. And so, the construction phases shall proceed until the master plan is realized.

2. The applicant shall demonstrate that any facilities planned under this Program are not in any way a duplication of already existing, suitable facilities. At the same time, the applicant must show that arrangements have been accorded with the existing, suitable facilities before action can be taken on an application.

3. The applicant must show an intent to begin construction within a reasonable length of time.

4. The applicant must demonstrate financial ability to meet the costs of construction, maintenance, and sustained operation of the proposed facility.

5. The applicant must show that adequate and proper professional personnel, in the respective services, will be available to staff the proposed facility.

6. A second application for the same type of facility in the same area would not be approvable for purposes of this State Plan.

7. A formal application must be completed by each sponsor on the prescribed PHS forms.

Project Construction Schedule

After approval of the Montana Mental Retardation Facilities Plan by the Surgeon General, the State Department of Health will develop a project construction schedule which will list the projects, if any, on which construction can be commenced within the time limitations of the fiscal year funds which have been allocated.

Standards of Operation

The "Standards for Operation of Day Care Centers" of the Montana State Department of Health shall apply to day facilities for the mentally retarded. The State Department of Health has not yet developed standards for maintenance and operation of other facilities for the mentally retarded. However, until such time as these additional standards are promulgated, the following applicable standards shall apply:

1. Standards for State Residential Institutions for the
   Mentally Retarded
   American Association of Mental Deficiency
   P.O. Box 96
   Willimantic, Connecticut 06226

2. Standards for Sheltered Workshops
National Association of Sheltered Workshops and
Home Bound Programs, Inc.
1522 K Street N.W., Room 430
Washington, D. C. 20005

3. Diagnostic and Evaluation Clinics--Standards for
Hospitals & Clinics
American Psychiatric Association
1700 - 18th Street N.W.
Washington, D. C. 20009

Standards of Construction and Equipment

1. The general standards of construction and equipment shall be not less than the minimum standards of the authority in which the facility is proposed or the standards prescribed by the Surgeon General and as set forth in Section 54.119 (Appendix A - General Standards of Construction and Equipment) of Part 54, or as it may be amended or revised in the future, whichever is the higher.

Copies of these regulations will be made available for inspection by interested persons and for the use of approved applicants.

2. Equipment means those items which are necessary for the functioning of the facility. Not included are the items of current operating expense such as food, fuel, drugs, paper, printed forms and soap.

Inspection of Projects

When a request for payment of an installment is made, the State Department of Health will cause an inspection to be made of the project to determine that services have been rendered, work has been performed, and purchases have been made as claimed by the applicant and in accordance with the approved project application.

2. The State Department of Health will make such additional inspections as are deemed necessary.

3. Reports of each inspection will be retained in the files of the State Department of Health.

4. Files will be maintained on all correspondence incident to inspections of a project.

Construction Payments

1. Requests for construction and equipment payments shall be submitted by applicants to the State Department of Health at the times prescribed by Section 54.115 of Part 54, PHS Regulations for Grants for Construction of Facilities for the Mentally Retarded as follows:

First	approximately 10 percent complete
Second.	approximately 25 percent complete
Third	approximately 50 percent complete
Fourth.	approximately 75 percent complete
Fifth	approximately 95 percent complete
Final	Upon completion of the construction project and final inspection and certification by an authorized representative of the Surgeon General and receipt of a written assurance from the grantee that amounts of sustained audit exceptions taken in any subsequent Federal audit will be refunded to the Federal Government.

2. Federal funds shall be paid to the State Treasurer, State of Montana.

3. The State Department of Health will initiate payment of Federal funds, through its Division of Hospital and Medical Facilities and Fiscal Office, to applicants for approved construction projects.

Maintenance of Personnel Standards of State Agency

This State Plan will be administered in accordance with the Merit System requirements as set forth in the Public Health Service Regulations, and Health Grants Manual, Part 14.1. A copy of the Montana Merit System Regulations is on file with the Public Health Service.

Maintenance of Fiscal and Accounting Records

1. The State Department of Health will comply with the provisions of the PHS regulations by maintaining the necessary accounting records and controls.

2. The State Department of Health will require all applicants for Federal funds to maintain adequate fiscal records and controls.

3. The State Department of Health agrees that it will retain on file, for at least a period of one year beyond its participation in the program, all documents coming into its possession which relate to any expenditure under P.L. 88-164, Title I, Part C.

4. The State Board of Health will take such measures as are necessary to assure that applicants retain all relevant and supporting documents for a period of at least two years after the final payment of Federal funds.

5. The Montana State Department of Health will make such reports in such form and containing such information as the Secretary may from time to time reasonably require.

Fair Hearings

Upon petition, the State Department of Health will provide an opportunity for a fair hearing before the State Board of Health to every applicant who has requested Federal aid for construction of any of the facilities included in the Act, and who is dissatisfied with any action of the State Department of Health regarding the application.

Actions of the State Department of Health which entitle applicants to a hearing include the following:

1. Denial of opportunity to make formal application.
2. Refusal to consider an application.
3. Rejection or disapproval of an application.

Appeals from decisions or actions of the State Department of Health must be made by the appellant, in writing, within thirty (30) days of the date of the actions or decisions with which the applicant is dissatisfied.

The appellant will be notified, in writing, of the time and place of the hearing which will be determined by the State Board of Health and be reasonably convenient for the appellant.

The appellant is entitled to be represented by friends or counsel if he so desires. The appellant and other persons interested and concerned with the State Board of Health's decision are entitled to present pertinent evidence in the way desired, subject to reasonable procedures of admissibility and methods of presentation.

The decision of the State Board of Health will be made, in writing, within thirty (30) days from the date of the hearing and will be based on the evidence presented at the hearing.

A record of the hearing will be made, and upon request of the appellant, will be made available for examination.

Statement of Federal Share

The Federal Share of the Cost of each construction project for the mentally retarded approved under P.L. 88-164, Title I, Part C, for the fiscal year ending June 30, 1969 shall be 55%

Flexibility of Allotments

The provisions of Section 54-102 (c) (1) and (2), Part 54, Regulations for Grants for the Construction of Facilities for the Mentally Retarded, are made a part of this Plan.

Transfer of State Allotment

The provisions of Section 54-102 (b) of Part 54, Regulations for Grants for the Construction of Facilities for the Mentally Retarded, are made a part of this Plan.

Conflict of Interest

No full-time officer or employee of the State Board of Health, or any firm, organization, corporation, or partnership which such officer or employee owns, controls, or directs, shall receive funds from the applicant, directly or indirectly, in payment for services provided in connection with the planning, design, construction, or equipping of any project under this Plan.

Nondiscrimination Procedures

No person or persons will be denied admission to any facility constructed under this Plan because of race, creed, color, or national origin. Further, no professionally qualified person or persons will be denied staff privileges because of race, creed, color, or national origin, nor will employees of the facility be discriminated against for these same reasons.

Access to Records

The Comptroller General and the Secretary of Health, Education, and Welfare, or their respective duly authorized representatives, shall have access to all records, as required, for purposes of audit or examination.

Assurances to Those Unable to Pay

Before a construction application for a facility for the mentally retarded is recommended by the State Department of Health for approval, the State Agency shall obtain assurance from the applicant that the facility will furnish below cost or without charge a reasonable volume of services to persons unable to pay therefor.

Change of Status of Facility

The Montana State Department of Health shall promptly notify the Surgeon General in writing, if at any time within twenty (20) years after completion of construction, any facility which received funds under Part C of Title I of the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, and amendments thereto, is transferred to any person, agency, or organization not qualified to file an application under Part C, Title I of the Act, or not approved as a transferee by the Montana State Department of Health, or ceases to be a public or non-profit facility for the mentally retarded as defined in the Act.

Lewistown, Helena Sites of Mental Health Sessions

By Tribune Correspondent

LEWISTOWN — The Central Montana Association for Retarded Children and Adults is sponsoring a series of workshops for parents of children with learning handicaps. The sessions will be the only programs of this nature offered in Montana.

Mrs. Maxine Homer, health educator and coordinator of Montana studies of mental retardation, is arranging the programs.

Dr. William Findley, supervisor of special education in Great Falls, and Mrs. Adelaide Fystrom, associate professor of special education at Eastern Montana College, will conduct the workshop.

Monday's meeting is scheduled for 8 p.m. at the Lewistown Presbyterian education building. Two other sessions will be held during the next two weeks.

MENTAL HEALTH PLANS

HELENA (AP)—Proposed revisions in the 1969 state plans for hospital construction, facilities for the mentally retarded and community mental health centers will be discussed in Helena Nov. 25-26.

Dr. John S. Anderson, executive officer of the State Department of Health, said changes proposed will be reviewed by the 22-member Hospital and Long-Term Care Facility Advisory Council.

The council advises the state health department in administering three federal construction grant programs. The board then takes action on the plans.

The board is made up of 19 members appointed by Gov. Tim Babcock and three ex-officio members. These are State Welfare Administrator W. J. Fouse, Institutions Director Edwin G. Kellner, and Dr. Anderson.